

PAYMENT REQUEST

(Non-Travel)

[See reverse for Travel Expense Report]

Presbytery of the Twin Cities Area

122 W. Franklin Avenue, Room 508

Minneapolis, MN 55404

Telephone (612)871-7281 Fax(612)871-0698

Date of Request: _____

Date Received by
Finance Assistant: _____

Payee Name & Address:

Amount Requested: \$ _____

Reference to be placed on check stub: _____

Mail check to payee; or _____

Purpose: _____

For the work of:

Work Group: _____

Task Force: _____

Committee: _____

Council: _____

Commission: _____

Other: _____

Printed Name of
Requester: _____

Signature of
Requester: _____

Approvals:

Work Group/Task Force/Committee/Council/Commission Chair: _____

Date of Authorizing Action by Work Group/Task Force: _____

Presbytery Staff: _____

A letter of acknowledgement/verification
will be sent to the donor for all contributions.

Tax deductible donation in lieu of reimbursement:

Please deduct from the amount to be reimbursed,
the sum of \$ _____ which I declare to be
a contribution to the work of the presbytery.

Please attach copy of receipt or invoice.

Office Use:
Account/Fund to be charged: _____

TOTAL AMOUNT:	\$ _____
LESS MY CONTRIBUTION:	\$ _____
NET TO BE REIMBURSED:	\$ _____

**THIS COMPLETED FORM, SUPPORTING DOCUMENTATION,
AND APPROVAL SIGNATURE BY CHAIR MUST BE RECEIVED
IN THE OFFICE BY 2:00 PM WEDNESDAY.**

TRAVEL EXPENSE REPORT

(Payment Request)

[See reverse for Non-Travel Payment Request form]

Presbytery of the Twin Cities Area

122 W. Franklin Avenue, Room 508

Minneapolis, MN 55404

Telephone (612)871-7281 Fax (612)871-0698

**Purpose of the Travel and Budget
or Entity to Charge:** _____

Date of Request: _____

Date Received by
Finance Assistant: _____

Auto Travel: Dates: _____

From _____ To _____ Miles: _____ @ .14 per mile = \$ _____

Dates: _____

0.14 is 2007 standard mileage

From _____ To _____ Miles: _____ @ .14 per mile = \$ _____

info at www.irs.gov; type 'mileage' in search box

Other Travel: Dates: _____

From _____ To _____ Mode: _____ Amount: \$ _____

(Leave amount blank if ticket was purchased for you.)

Attach a copy of airline tickets and receipts for all amounts in excess of \$20.00

Travel Expense Reimbursement Guidelines are available from the Presbytery office.

Month/Day: ____/____/____/____/____/____/____/____/____/____

Sun. Mon. Tues. Wed. Thurs. Fri. Sat. TOTALS

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	TOTALS
Breakfast								\$
Lunch								\$
Dinner								\$
Lodging								\$
Other (specify)								\$
								\$
Child Care								\$

Tax deductible donation in lieu of reimbursement:

Please deduct from the amount to be reimbursed,
the sum of \$ _____ which I declare to be
a contribution to the work of the presbytery.

A letter of acknowledgement/verification
will be sent to the donor for all contributions.

TOTAL EXPENSES \$ _____

LESS ADVANCE \$ _____

LESS CONTRIBUTION \$ _____

AMOUNT TO BE REIMBURSED \$ _____

Traveler's Signature _____

Payee Name

& Address: _____

Approvals: Work Group/Task Force/Committee/Council/Commission Chair: _____

Presbytery Staff: _____

Office Use:

Account/Fund to be charged: _____

**THIS COMPLETED FORM, SUPPORTING DOCUMENTATION,
AND APPROVAL SIGNATURE BY CHAIR MUST BE RECEIVED
IN THE OFFICE BY 2:00 PM ON WEDNESDAY FOR EACH**