



**ALLEGHENY EAST CONFERENCE CORPORATION**  
of Seventh-day Adventists®

**TRAVEL REIMBURSEMENT**  
**EMPLOYEE**  
Treasury Department

File \_\_\_\_\_

**INFORMATION**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

Trip Date \_\_\_\_\_ Location \_\_\_\_\_

Authorization Signature (Attach Documentation for Authorization)

**EXPENSES**

Plane Fare (Receipts Required) \_\_\_\_\_

Auto Miles \_\_\_\_\_ at \_\_\_\_\_ ¢ per mile \_\_\_\_\_

Hotel/Motel Bills (Receipts Required) \_\_\_\_\_

Car Rental (Receipts Required) \_\_\_\_\_

Registration Fees (Receipts Required) \_\_\_\_\_

Tolls (Receipts Required) \_\_\_\_\_

Tips (hotel/motel room ONLY) \_\_\_\_\_

Seminar Fees \_\_\_\_\_

Materials Purchased \_\_\_\_\_

Telephone \_\_\_\_\_

Other Expenses (Itemized Below): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses** \_\_\_\_\_

Less Travel Advance (If Applicable) Put (-) in front of numbers \_\_\_\_\_

**Amount Due±** (See Note) \_\_\_\_\_

*Please note that if the amount shown is negative employee must return amount due to the Conference promptly.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasury Department Approval \_\_\_\_\_ Date \_\_\_\_\_