

RECORD OF TRAVEL EXPENSES

Name of Event \_\_\_\_\_ Date \_\_\_\_\_

Round Trip Mileage:

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Miles @20 cents per mile ..... \$ \_\_\_\_\_

Hotel/motel expense for \_\_\_\_\_ nights ..... \$ \_\_\_\_\_

Total meal cost for meals ..... \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

ZIP

Portion I wish to contribute to CCT \$ \_\_\_\_\_

Please send written acknowledgment of contribution \_\_\_\_\_

RULES COVERING EXPENSE ACCOUNT

Rate per mile:

20 cents per driver

Meal Expense:

Up to \$5.00 maximum for breakfast

Up to \$5.00 maximum for lunch

Up to \$8.00 maximum for dinner

Hotel/Motel Expense:

Hotel/motel expenses will be paid by CCT if, and only if, arranged for by the Regional Center for Ministry. Presentation of receipt must be made to bookkeeper. Hotel/motel expense will not be paid for persons choosing to use other housing arrangements than those made by CCT.