

**NEW MOUNT OLIVE BAPTIST CHURCH  
TRAVEL REQUEST FORM**

DEPARTMENT: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

LOCATION: CITY \_\_\_\_\_ STATE \_\_\_\_\_

DATE(S) OF ACTIVITY: FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**METHOD OF TRANSPORTATION  
(receipts required)**

check one: AIRLINE \_\_\_\_\_ CAR \_\_\_\_\_ CHARTER BUS \_\_\_\_\_ TRAIN \_\_\_\_\_ CHURCH VAN \_\_\_\_\_

TICKET COST: \$ \_\_\_\_\_ x Number of Persons \_\_\_\_\_ = TICKET TOTAL \$ \_\_\_\_\_  
(for airline, charter bus, or train)

CAR RENTAL: \$ \_\_\_\_\_ x Number of Days \_\_\_\_\_ = RENTAL TOTAL \$ \_\_\_\_\_

MILEAGE:  
(for car rental & use of personal car) Number of Cars \_\_\_\_\_  
Total miles driven \_\_\_\_\_ x \$.50 per mile = MILEAGE TOTAL \$ \_\_\_\_\_

OTHER TRANSPORTATION COSTS (include taxis, tolls, parking, etc.): \_\_\_\_\_ -  
= OTHER TOTAL \$ \_\_\_\_\_

**LODGING  
(receipts required)**

Hotel room rate: \$ \_\_\_\_\_ x Number of Days \_\_\_\_\_ x Number of Rooms \_\_\_\_\_ = TOTAL HOTEL \$ \_\_\_\_\_

**MEALS**

Per diem meals:	<u>Rate</u>		<u>Days</u>		<u>Participants</u>		<u>Sub-total</u>	
Breakfast	\$ 5.00	x	_____	x	_____	=	\$ _____	
Lunch	\$ 8.00	x	_____	x	_____	=	\$ _____	
Dinner	\$15.00	x	_____	x	_____	=	\$ _____	
Special meals: (banquets, etc.)	\$ _____	x	_____	x	_____	=	\$ _____	= TOTAL MEALS \$ _____

**OTHER ITEMS  
(receipts required)**

Include registration fees, books, donations, etc.: \_\_\_\_\_  
= TOTAL OTHER \$ \_\_\_\_\_

**TOTAL REQUESTED FOR THIS ACTIVITY \$ \_\_\_\_\_**

-----SPECIAL INSTRUCTIONS-----

**It is important that you obtain receipts for all expenditures. Receipts must be turned in to the bookkeeper's office immediately upon return.**

LIST OF PARTICIPANTS (use back if necessary):

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

**NEW MOUNT OLIVE BAPTIST CHURCH**

**TRAVEL EXPENSE VOUCHER**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Expenses were incurred in relation to \_\_\_\_\_

Travel Dates included \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

*Only original receipts are acceptable*

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**EXPENSE DETAIL**

**Lodging/Hotel:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Nightly room charges & taxes \$ \_\_\_\_\_

Meals included on hotel bill \$ \_\_\_\_\_

Phone charges on hotel bill \$ \_\_\_\_\_

Other hotel charges \$ \_\_\_\_\_

TOTAL HOTEL EXPENSES \$ \_\_\_\_\_

**Meals:**

(per diem) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

(other meals) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MEAL COST \$ \_\_\_\_\_

**Transportation:**

Total Miles Driven \_\_\_\_\_ @ \$ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Airfare: departure \_\_\_\_\_ return \_\_\_\_\_ \$ \_\_\_\_\_

Rental Car: pick-up \_\_\_\_\_ return \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL TRANSPORTATION EXPENSES \$ \_\_\_\_\_

Miscellaneous Expenses (list all):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MISCELLANEOUS EXPENSES \$ \_\_\_\_\_

### TRAVEL SUMMARY

TOTAL EXPENSES	\$ _____
AMOUNT ADVANCED	\$ _____
(DIFFERENCE)	\$ _____
AMOUNT TO BE REIMBURSED TO TRAVELLER <i>OR</i>	\$ _____
AMOUNT OF REFUND TO THE CHURCH	\$ _____

**Note: All monies to be reimbursed to the Church are to be submitted in cash only.  
No personal checks can be accepted.**