



SEVENTH-DAY
ADVENTIST
CHURCH

Nevada-Utah Conference
of Seventh-day Adventists

TRAVEL EXPENSE REPORT

Name _____ Phone _____

Address _____ E mail Address _____

Meeting/Purpose of Travel _____

Travel from _____ To _____

Date of Meeting _____

Round Trip Mileage: _____ Miles X _____ \$ _____

Airfare (Attach Original Receipts) \$ _____

Per Diem: Number of Days _____ X _____ \$ _____

Motel: Number of Days _____ (Attach Original Receipts) \$ _____

Other: (Attach Original Receipts)
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSE \$ _____

Signature

Date

Authorization Signature

Date