



DOCTOR OF MINISTRY EXPENSE REPORT

REIMBURSEMENT REQUEST

Name _____ Dates Traveled _____ to _____

Phone _____ University Attending _____

Today's Date _____

TRAVEL EXPENSES:

Airfare _____

Hotel _____

Car Rental _____

Parking _____

Tolls _____

Miles _____

1/2 Per Diem _____

Kindly ensure **all receipts are included when submitting your expense report. Thanks for your attention to this detail.*

Approval: _____ Date: _____
Ministerial Director

_____ Date: _____
Executive Secretary

NOTE: *The maximum annual reimbursement for travel-related expenses to attend university classes is \$5,000.00. Any costs exceeding this amount will be the responsibility of the pastor.*