

**New Hope Expense Reimbursement Form**  
**Updated 2/9/06**

Name	Date	Period Covered

Address	Phone

Travel					
Date	Departure and Destination	Purpose	Odometer Start	Odometer end	Total Miles
Total Miles					
Total Mileage x 40.5					

Ministry Expenses				
#	Date	Description	Why is this a Ministry Expense?	Amount
Total from attached page				
Total Expenses				

**Grand Total Ministry Expense (Travel and Expenses)**

