

**The Presbytery of Tres Rios - Expense Reimbursement Form**  
**1201 W Wall**  
**Midland, TX 79701**

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

ITEM	Explanation/Comment	Expense
Auto: 25¢ per mile + 1¢ per passenger per mile	From _____ to _____ Actual Mileage _____	
Airfare		
Meals: Breakfast(s) \$7.50 Lunch(s) \$7.50 Dinner(s) \$12.00 Or attached receipt(s)		
Motel/Hotel		
Other		
Other		
Approved by:		Total: