

# Cincinnati Church of Christ

## Auto and Professional Expense Reimbursement Request

|                              |                     |                              |
|------------------------------|---------------------|------------------------------|
| Employee Name (Please Print) | Employee Signature: | Required Approval Signature: |
|------------------------------|---------------------|------------------------------|

|                                |                 |
|--------------------------------|-----------------|
| For the month of _____ 20_____ | Date Submitted: |
|--------------------------------|-----------------|

### Section I. Automobile Expense

**Business Usage of Automobile** (Attach copy of business mileage log):

(All miles): \_\_\_\_\_ X \_\_\_\_\_

|   |  |  |
|---|--|--|
|   |  |  |
| Tolls, Parking, Other Transportation<br>(Attach all receipts including date, amount, vendor & ministry purpose) |  |  |
| = Total automobile allowance (1)  |  |  |

### Section II. Telephone Expense

|   |        |  |
|---|--------|--|
| <b>Landline Telephone Expense</b><br>(Attach copy of phone bill cover sheet): | Amount |  |
| <b>Cell Phone Expense</b><br>(Attach copy of phone bill cover sheet):         | Amount |  |
| Total Telephone Expense   |        |  |
| Total x 75% = Total Telephone allowance (2)                                   |        |  |

### Section III. Business Meals

(See Employee Handbook for caps and eligible items \*.)  
(Attach log and receipts indicating date, place, amount, attendees, ministry purpose.)

|                          |  |
|--------------------------|--|
| Total Business Meals (3) |  |
|--------------------------|--|

### Section IV. Religious Materials / Supplies

(Attach receipts indicating date, vendor, amount, ministry purpose.)

|                                |  |
|--------------------------------|--|
| Total Materials / Supplies (4) |  |
|--------------------------------|--|

### Section IV. Final Calculations

|                               |  |
|-------------------------------|--|
| Total (1) + (2) + (3) + (4) = |  |
| APR Cap                       |  |
| Total Amount Reimbursed       |  |

Reviewed and Approved by: \_\_\_\_\_

Date: \_\_\_\_\_