



BEREAN BAPTIST CHURCH
Fayetteville, NC 28314

Conference Speaker Reimbursement Form

Dear Speaker/Missionary,

It is our desire to reimburse you for all your expenses associated with coming to Berean and to your next destination. We will reimburse you for gasoline, flights, tolls, meals, and lodging associated with your travel. The purpose of this form is to properly account for our disbursement to you.

FULL NAME (PLEASE PRINT)

MAILING ADDRESS STREET

CITY STATE ZIP

MOBILE PHONE EMAIL

PLEASE INDICATE IF YOU PREFER TO:

PICK UP A CHECK

DATE _____

HAVE IT MAILED

DIRECT DEPOSIT

(CIRCLE ONE)

DIRECT DEPOSIT BANK NAME	ROUTING #	ACCOUNT #
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Travel From (City, ST) _____ to Fayetteville, North Carolina.

TYPE OF EXPENSE	DATES	EXPENSE
Fuel/Tolls		
Flights		
Lodging		
Meals		
Other		
Sub-Total		

Travel to the Next Destination Expenses (City, ST) _____

ESTIMATED EXPENSES	DATES	EXPENSE
Fuel/Tolls		
Lodging		
Meals		
Other		
Sub-Total		

I certify that the total expenses of \$ _____ are accurate and this reimbursement is for travel and from BBC for this speaking engagement.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

APPROVED BY (EXECUTIVE/SENIOR PASTOR): _____ DATE: _____

TOTAL DISBURSEMENT: _____ CHECK #: _____ DATE DISBURSED: _____

BUDGET ACCOUNT #: _____