



The Southern Baptist Theological Seminary

Business Expense Report

(Please refer to the Business Expense Reimbursement Policy for instructions on completing this form)

1	Employee Name	ID				Phone No. / Ext.		Dept. Name								
	Date (mm/dd/yyyy)	A	B	C	D	E	F	G	H							
		Transportation		Meals			Lodging	Other Expenses (Explain)	Business Purpose, Destination, Explanation and Other Required Information							
		No. of Miles in Pers. Auto	Plane, Taxis, Car Rental	Breakfast	Lunch	Dinner										
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12	Total Miles	-														
13	Times Rate	x \$.535														
14	Column Totals		-	-	-	-	-	-								
15	Total Expenses (sum of totals of Columns A through G)							<i>Please attach all documentation required by the Business Expense</i>								
16	Less Travel Advance Received (if any) 01-0000-0000-1230-00							<i>Reimbursement Policy (preferably taped flat on separate pages to facilitate</i>								
17	Amount due <input type="checkbox"/> Employee or <input type="checkbox"/> Seminary (check one)							<i>review, processing and filing).</i>								
18	Check to be: <input type="checkbox"/> Picked up by Payee at Cashier's Window <input type="checkbox"/> Mailed by Accounting Services to: _____ _____ _____						Summary of Expenses by Account Number		Accounting Use Only							
							Account Number	Amount								
19	Employee Signature					Date Signed			Date Received _____							
20	Approving Signature					Date Signed			Math Verified? ___ Yes ___ No							
									Documented? ___ Yes ___ No							
									Sales tax? ___ Yes ___ No							
									A/C nos. reas.? ___ Yes ___ No							
									Reviewed by _____							
									Entered by _____							
									Verified by _____							
							Total Expenses (must agree to line 15)									

Exhibit A