



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		
		A	B	C	D	E	F	G	H	
	Date (mm/dd/yyyy)	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									
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"/> <input type="checkbox"/> Picked up by Payee at Cashier's Window <input type="checkbox"/> <input type="checkbox"/> Mailed by Accounting Services to: _____ _____ _____	Summary of Expenses by Account Number		Accounting Use Only
		Account Number	Amount	Date Received _____
				Math Verified? ___Yes ___No
				Documented? ___Yes ___No
				Sales tax? ___Yes ___No
				A/C nos. reas.? ___Yes ___No
19	Employee Signature	Date Signed		Reviewed by _____
20	Approving Signature	Date Signed		Entered by _____
			Total Expenses (must agree to line 15)	Verified by _____

Exhibit A