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
		Transportation		Meals					
	Date (mm/dd/yyyy)	No. of Miles in Pers. Auto	Plane, Taxis, Car Rental	Breakfast	Lunch	Dinner	Lodging	Other Expenses (Explain)	Business Purpose, Destination, Explanation and Other Required Information
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	Total Miles	0.00							
13	Times Rate	0.575							
14	Column Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0.00	
15	**Total Expenses** (sum of totals of Columns A through G)							0.00	*Please attach all documentation required by the Business Expense Reimbursement Policy (preferably taped flat on separate pages to facilitate review, processing and filing).*
16	Less Travel Advance Received (if any) 01-0000-0000-1230-00							$ 0.00	
17	**Amount due** ☐ **Employee or** ☐ **Seminary** (check one)							$ 0.00	

18	**Check to be:** ☐ Picked up by Payee at Cashier's Window ☐ Mailed by Accounting Services to:		
19	**Employee Signature**	Date Signed	
20	**Approving Signature**	Date Signed	

Summary of Expenses by Account Number

Account Number	Amount
Total Expenses (must agree to line 15)	0.00

Accounting Use Only

Date Received _____
Math Verified? ___Yes ___No
Documented? ___Yes ___No
Sales tax? ___Yes ___No
A/C nos. reas.? ___Yes ___No
Reviewed by _____
Entered by _____
Verified by _____

Exhibit A