



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)							Please attach all documentation required by the Business Expense			
16	Less Travel Advance Received (if any) 01-0000-0000-1230-00							Reimbursement Policy (preferably taped flat on separate pages to facilitate			
17	Amount due <input type="checkbox"/> Employee or <input type="checkbox"/> Seminary (check one)								review, processing and filing).		

18	Check to be:	<input type="checkbox"/> <input type="checkbox"/> Picked up by Payee at Cashier's Window	Summary of Expenses by Account Number		Accounting Use Only	
		<input type="checkbox"/> <input type="checkbox"/> Mailed by Accounting Services to:	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