

**2007 EXPENSE REIMBURSEMENT REQUISITION
DISTRICT SUPERINTENDENTS, HOLSTON ANNUAL CONFERENCE**

Name _____

Date _____

District _____

- | | |
|--|---|
| 1. All travel for the month of _____ | |
| Total miles _____ for the month times = | _____ 100/0100 432*
*(Add the district two-digit code) |
| 2. Annual Conference Costs for lodging and meals | _____ 100/0100 432*
*(Add the district two-digit code) |
| 3. Costs of Minister's Convocation/SEJ events
Include cost of registration, lodging and meals | _____ 100/0100 44200 |
| 4. Costs of attending Cabinet Meetings
(Include meals, lodging, etc., but include travel above) | _____ 100/0100 432*
*(Add the district two-digit code) |
| 5. Training event costs for new Superintendents | _____ 100/0100 44200 |
| 6. Actual Moving Costs for new Superintendents | _____ 100/0100 46500 |
| 7. Miscellaneous (specify and/or define) | _____ 100/0100 49500 |
| TOTAL | \$ _____ |

8. Conference pays 60% of Health Insurance premium (same as conference and local church portion)
9. Expenses for lodging and meals reimbursed at cost up to a single rate (include receipts).
10. Travel from your residence to District Office and from District Office to your residence is not reimbursable mileage.
11. Maximum annual mileage is 24,000

Signature _____

Please return this form to the Office of Financial Services, PO Box 850, Alcoa, TN 37701-0850.
(Phone: 865.690.4080; Fax: 865.690.3162)

District Codes: AB – 01 BS – 02 CH – 03 CL – 04 JO – 05 KI – 06 KN – 07 MA – 08 MO – 09 OA – 10 TA – 11 WY – 12

Updated 3/27/07