

Pastor Mileage Reimbursement Form

Church Name: _____

Pastor/Staff Name: _____

Reimbursement Period (Month/Year): _____

Use this form to document ministry-related mileage for reimbursement under the church's accountable plan. Only ministry-related travel should be included. Commuting from home to the church office is not reimbursable.

Mileage Log

Date	Starting Location	Ending Location	Purpose of Trip	Miles Driven	Amount
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IRS Mileage Rate Used: _____

Total Miles: _____

Total Reimbursement Amount: _____

I certify that the mileage listed above was incurred for ministry-related purposes and is accurate to the best of my knowledge.

Signature: _____ **Date:** _____