

## **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:** \_\_\_\_\_