



**WOMEN'S MINISTRIES
INTERNATIONAL
EXPENSE REPORT**

Name: _____

Address, Department, or Job Title _____

Reporting Period: _____

Item #	Date	Vendor	Item(s) Purchased	Purpose	Amount in \$	Account #	
1							
2							
3							
4							
5							
6							
7							
8							
9	Total					\$0.00	

Mileage Reimbursement + 53.5 cents/mile (Effective Jan 1.2017)

Total from page 2 \$0.00

Total for this report \$0.00

Advance Received by Employee
(enter as negative number)

Expense paid by employee-reimburse to employee

Expense Charged to FMCUSA Credit Card-Pay Credit Card Service

Balance Due Employee/Credit Card Company \$0.00

Other _____

Balance Due FMC-USA

Budget Distribution Summary:

Authorization:

Acct Number	Project ID	Amount

Signature _____ Date _____

Approval _____ Date _____

Total: 0.00