SUBMIT TO: Karen Kelm
Christian Theological Seminary
1000 West 42nd Street
Indianapolis, IN 46208
(317) 931-2340  e-mail kkelm@cts.edu
Fax (317) 931-2399

PARTICIPANT NAME_____________________________________________________

CHURCH______________________________________________________________

PHONE: OFFICE__________________________  HOME________________________

PEER GROUP NAME____________________________________________________

COACH NAME________________________________________________________

EVENT NAME_________________________________________________________

EVENT LOCATION_____________________________________________________  

EVENT DATES________________________________________________________

MAKE CHECK PAYABLE TO:______________________________________________

MAIL CHECK TO:_______________________________________________________

Please fill out the other side of this form and attach all receipts. An Every Meeting Feedback Form must be attached to be reimbursed.
OWNED AUTO USAGE

From____________________  To____________________ Miles_________________

From____________________  To____________________ Miles_________________

$.51 per mile X Total Miles__________ = $_____________

TOTALS FROM ANY EXPENSE BY DAY

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<tr>
<th>Date</th>
<th>Day of Week</th>
<th>Description or Notes</th>
<th>Daily Totals</th>
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PLEASE ATTACH THE DETAILED HOTEL RECEIPT.

Total Daily Expenses $__________

OTHER (Honorariums, Stipends, Books, Airfare and Car Rental)

$__________

$__________

Total Other $__________

EXPENSES TO BE REIMBURSED $__________

LESS: IN-KIND AMOUNT IF ANY, TO BE APPLIED TO MY PGSP COMMITMENT $__________

(only mileage or expenditures with receipts)

NET REIMBURSEMENT CHECK REQUESTED $__________

Applicant Signature____________________

Date____________________

Account Number____________________

Approval Signature____________________