

**FORM F4086  
EXPENSE REIMBURSEMENT VOUCHER**

*Submit this form to the District Office, 10924 Interstate 30, Little Rock, AR 72209*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount of Advance Received: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Executive Presbyter ( ) Sectional Presbyter ( ) Other: \_\_\_\_\_

The IRS rules on accountable reimbursement plans require that you be performing services on behalf of the District and you must adequately account for your expenses in a reasonable period of time. The District's Accountable Reimbursement Policy requires original receipts to be turned in within 60 days from when actual expenses were incurred. *If these requirements are not met the amount is subject to income taxes.*

Date	Business Purpose	Location Traveling FROM	Location Traveling TO	Trip Mileage	Lodging Expenses	Meal Expenses *	Name of person(s) Being entertained *	Misc. Expense
<i>Signature required</i>				Totals				

<b>Office Use Only:</b>												
_____	x	_____	per mile =	_____	+	_____	less	_____	=	_____	Or	_____
Total Miles		IRS allowance		Mileage Reim.		Total expense from above		Returned Advance		Total Reimbursement Due		Cash returned to Dist.

*\*The IRS requires you to list the names of your dinner guests .*