Baptist General Convention of Texas
Committee / Volunteer Expense Reimbursement

TEXAS BAPTISTS

Vendor No. _____

Date of Request 05/20/2025

Department Requesting Check 110

Payee _____

Amount of Check _____

LAST 4 DIGITS of S.S.# _____

Meeting / Event Executive Board Meeting

Abilene, TX

Home Address _____

City _____ State TX Zip _____

Event Date May 19-20, 2025

PAYEE SIGNATURE ** _____ REQUIRED

** ***Expense reimbursement will not be processed without social security number and signature of payee.***

Attach original of expense receipts to this expense report.

G/L Account Number	Expenses		Amount
10-52195-100-110-11285	Auto Mileage	$ 0.350 ¢	
10-52195-100-110-11285	Other Transportation		
10-52195-100-110-11285	Lodging		
10-52195-100-110-11285	Meals		
10-52195-100-110-11285	Other		
10-52195-100-110-11285	Other Please check the meals below your spouse ate. (-$10.00 each)		

___Monday Lunch ___Monday Dinner

Approval _____

You may mail to:
Anna Rosales
BGCT/Texas Baptists
Suite 1200
7557 Rambler Rd
Dallas, TX 75231
or email: anna.rosales@texasbaptists.org