

**RESURRECTION LUTHERAN CHURCH
100 LOCHMERE DRIVE WEST
CARY, NC 27518**

TO: Robbe Lenzen, Bookkeeper

FROM: _____

SUBJECT: Cell Phone/Mileage Reimbursement

1. Cell phone reimbursement (016-40-20-08) from _____
through _____. Please attach a copy of the summary page of the bill(s).

Total cell phone reimbursement: _____ (max. of \$50. per month)

2. Professional use of automobile (016-40-20-08) from _____
through _____ for _____ miles @ 72.5 cents per mile. Please attach a log
with dates, purpose of travel and mileage driven.

Total mileage reimbursement: _____

Signature: _____

Date: _____