CTCYM
CENTRAL TEXAS CONFERENCE YOUTH IN MISSION

EXPENSE FORM

906-103-1

Living Center _____ Name _____

Person who spent the funds or to whom reimbursement check will be written.

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Which Trip *(check one)* :
❑ Senior High ❑ Combination ❑ Junior High

Leadership Position *(check one)* :
❑ Center Director/Adm Asst ❑ Program Director
❑ Worksite Coordinator/Asst ❑ Head Cook/Cook

Expense Type

Check ONLY one for this expense form. Use a separate form for each expense reimbursement. Use additional paper for more space.
For internal accounting purposes, please do not reimburse yourself for pre-trip or early arrival expenses from budget funds.

❑ **Pre-Trip Expenses**
Expenses incurred for preparatory visits to the Living Center in advance of the actual trip.

❑ **Early Arrival Expenses**
Travel expenses for leadership who arrive Friday or Saturday to prepare Living Center in advance .
Limit: Sr. High/Combo-$225, Jr. High-$200

❑ **Budget Expenses**
Expenses from funds available on the CTCYM Credit Card for leadership positions. Include remaining cash with this form.

			Amount	
Date	Vendor	General Description	CTCYM Card	Reimbursable
Totals:				

Excel versions and/or blank copies of this form can be downloaded at www.ctcym.org under “Forms.”
Attach receipts behind this form and deliver to: CTCYM, 464 Bailey Ave., Fort Worth, TX 76107