NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY

Direct Deposit _____ **Inter-Office** _____ **BO Pickup** _____ **Mail** _____

Account of expenses incurred by _____ Date _____

Mailing Address _____

For attending the _____ Account # _____

DATE		BUSINESS PURPOSE/ DESCRIPTION	TRANSPORTATION				LODGING	MEALS	INCIDENTALS	TOTAL
MO	DAY		FROM	TO	# OF MILES	$ AMOUNT				
				TOTALS						

NOTE: Kindly itemize expenses day by day. Attach supporting documents. See that the footings of each column balance with the total.
Please charge 57 cents per mile, if traveling by automobile.

Supervisory Approval _____

BO 1/1/25