Indian Rocks Baptist Church
Ministry Mileage Log

Name_____ Ministry/Department_____ Date_____

*** Please attach a MapQuest print out for all out of town mileage. ***

Date	Destination	Purpose	Miles Driven

Total Miles Driven _____

Reimbursement Rate (2022) x .625
(2023) x .655

Dollar Amount $_____

Signed _____

Approved_____

NOTE: The following personal use mileage must be excluded from reimbursement:

1. Commuting to and from home no matter how many trips are made each day.
2. Ministry related business performed on the way to or returning home.
3. Lunches with employees.
4. Functions where you personally received an honorarium.