

**EXPENSE RECORD — DISCIPLES HOME MISSIONS
ASSOCIATION OF DISCIPLE MUSICIANS**

Name: Your Name Here Workshop Year: 20
 Street Address: Your Street Address
 City, State, Zip: Your Town, State Zip-Code

I certify the amounts requested for reimbursement are appropriate and within the guidelines stated in the Finance Section of the current Operating Procedures as published on the ADM website: <http://www.adm-doc.org/adm/council/procedures.html#anchor1784806> .

Signature: _____

Part 1 – Operating Account Expenses which are incurred for council-specific business

	Council Member	President	Program Chair	Other
Transportation ¹	N/A		N/A	N/A
Lodging	N/A		N/A	N/A
Meals	N/A		N/A	N/A
Phone			N/A	N/A
Postage			N/A	N/A
Miscellaneous			N/A	N/A
Total Operating Account Expenses	\$.	\$.	\$.	\$.

Part 2 – Workshop Account Expenses which are incurred for workshop-specific business

	Council Member	President	Program Chair	Other
Registration				
Transportation ¹	N/A			
Lodging	N/A			
Meals				
Phone				
Postage				
Miscellaneous				
Total Workshop Account Expenses	\$.	\$.	\$.	\$.

TOTAL TO BE REIMBURSED -----> \$ _____.

¹As of January 1, 2007 mileage reimbursed at 48.5 cents per mile.

IMPORTANT: Receipts must be attached (including copy of itinerary or airline ticket).
 Send copy to ADM Treasurer for record keeping who will forward to Disciples Home Mission Contact to be reimbursed.