OKLAHOMA BAPTISTS

MILEAGE FORM

Meeting Date(s) _____

Meeting of _____

Name (Please print) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: _____

FOR INSURANCE PURPOSES, IT IS IMPORTANT THAT YOU COMPLETE THE UPPER PORTION OF THIS FORM WHETHER OR NOT YOU HAVE EXPENSES TO REPORT. Travel insurance is provided for the protection of all Convention elected board and committee members traveling to, while attending, and returning from this meeting.

If you should be involved in an accident related to your attendance at this meeting, claims must be made within 30 days after injury. Write to Thomas Jordan, 300 Johnny Bench Dr Ste 300, Oklahoma City, OK 73104, regarding claims.

ATTACH receipt or credit card copy for any single expenditure in excess of $25. If you have hotel/motel charges, attach copy of hotel/motel bill.

EXPENSES

Transportation

Miles traveled (round trip)_____ x .76 cents per mile.....$_____

Meals.....$_____

Lodging.....$_____

Tolls.....$_____

Other Expenses.....$_____

TOTAL.....$_____

Signed _____

Form Revised Jan 2026