

Michigan Conference of SDA
Evangelest Workers Report

Month: _____ Year: _____

Odom	Auto 1	Auto 2	Auto 3
Beg			
End			
Total			
Busi			
Pers			

ID# _____
NAME _____
STREET _____
CITY/ZIP _____
PHONE _____

Check if New Address

Date	PLACE OF LABOR	REGULAR TRAVEL				All special Travel Must include Purpose And Have Prior Officer Approval Please include Officer Name By Item	SPECIAL TRAVEL				TREASURY USE ONLY		
		Daily Mileage	Trans, Tolls Etc.	Meals			Special Mileage	Trans, Tolls Etc.	Meals		ALLOWANCES		Code Post
				Overnight	Day				Overnight	Day	1 Time Fixed	\$	
21												10001	
22												10511	
23												10210	
24												11403	
25												10500	
26												11500	
27												10510	
28												10501	
29												11501	
30												10407	
31												11410	
1												41004	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
PEASE PRINT TOTALS													

Telephone Reported

L.D. Calls _____

Cell Total _____

Internet _____

Total Phone _____

Rev. Feb 2013

DO NOT WRITE
BELOW
DOUBLE LINE

40	41200	41202	41201	10201		11300	11302	11301	10301
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Please mail to the Treasurer Dept.
by the 21st of each month