



EXPENSE REPORT FORM

Date:

Name Unit

Address City State Zip

Purpose / Location:

Date									TOTALS
Own Car (Actual miles driven)									
Mileage Amt.									
Tolls and parking									
Breakfast (including tips)									
Lunch (including tips)									
Dinner (including tips)									
Hotel/Motel									
Bus / Train fares									
Local fares (taxi / airport bus)									
Telephone / Internet / FAX									
Gratuities for Hotel Shuttle									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									

Mileage Rate

Air Fare

By way of my signature, I state that the submitted expenses have been incurred on behalf of the ELCA, that the amounts shown are true and accurate and are documented in accordance with ELCA policies and procedures.

Signature

TOTAL	
Personal Expenses (Deduct)	
Sub-Total	
Travel Advance (Deduct)	
Amount to be Refunded	
Amount Due	

PE ID	ADDR	GL Account Code							JL Account Code					
DEBIT	CREDIT	F D	FA SB	Unit	Program	Activity	-	Object	/	Unit	Project	Missy / Staff	-	Object

Unit Authorization _____ Unit Accountant _____ Vetted by _____ Date _____