Evangelical Lutheran Church in America
God's work. Our hands.

EXPENSE REPORT FORM

Date 01/02/2018

Name

- Select an ELCA Unit
Unit

Address

City

IL
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								

Mileage Rate				
$ 0.545	Air Fare			

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

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

Save a Copy Print

PE ID ADDR

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

Unit Authorization Unit Accountant Vetted by Date

[OT-002 06292011]