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

EXPENSE REPORT FORM

Date 01/10/2019

Name | Unit: - Select an ELCA Unit

Address | City | State: IL | 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: $ 0.580

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

Unit Authorization | Unit Accountant | Vetted by | Date

[OT-002 06292011]