



## EXPENSE REPORT FORM

Date

<input type="text"/>		<input type="text"/>	
Name		Unit	
<input type="text"/>		<input type="text"/>	
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																				

<b>Mileage Rate</b>	<input type="text"/>				
	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

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

PE ID	<input type="text"/>	ADDR	<input type="text"/>	<b>GL Account Code</b>					<b>JL Account Code</b>					
<b>DEBIT</b>	<b>CREDIT</b>	<b>F D</b>	<b>FA SB</b>	<b>Unit</b>	<b>Program</b>	<b>Activity</b>	<b>-</b>	<b>Object</b>	<b>/</b>	<b>Unit</b>	<b>Project</b>	<b>Missy / Staff</b>	<b>-</b>	<b>Object</b>

Unit Authorization	Unit Accountant	Vetted by	Date
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