



Non-employee Expense Report

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

Mileage Rate <input type="text"/>					TOTAL	
	Air Fare				Amount to be Refunded	
<p>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.</p>						
Signature <input type="text"/>						

Note to submitter: please email this form with scanned supporting receipts to meeting organizer. Also, if you wish to donate your refund, please indicate to which program:

Note to ELCA staff processing the expenses: Please submit Workday expense report and attach this form and supporting receipts.