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

EXPENSE REPORT FORM

Date

Name

- Select an ELCA Unit

Unit

Address | City | IL | State | Zip

Purpose / Location:

Date								TOTALS
Own Car (Actual miles driven)								0
Mileage Amt.	$ 0.000	$ 0.000	$ 0.000	$ 0.000	$ 0.000	$ 0.000	$ 0.000	$0.00
Tolls and parking								$0.00
Breakfast (including tips)								$0.00
Lunch (including tips)								$0.00
Dinner (including tips)								$0.00
Hotel/Motel								$0.00
Bus / Train fares								$0.00
Local fares (taxi / airport bus)								$0.00
Telephone / Internet / FAX								$0.00
Gratuities for Hotel Shuttle								$0.00
								$0.00
								$0.00
								$0.00
								$0.00

Mileage Rate				
$ 0.555	Air Fare			

TOTAL	$0.00
Personal Expenses (Deduct)	
Sub-Total	$0.00
Travel Advance (Deduct)	
Amount to be Refunded	$0.00
Amount Due	$0.00

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]