



Evangelical Lutheran Church in America

God's work. Our hands.

EXPENSE REPORT FORM

Date

<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:

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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						TOTAL	
<input type="text"/>	Air Fare					Personal Expenses (Deduct)	
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.						Sub-Total	
						Travel Advance (Deduct)	
						Amount to be Refunded	
						Amount Due	
Signature <input type="text"/>							

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

Unit Authorization

Unit Accountant

Vetted by

Date