

# VIRGINIA SYNOD, ELCA

P.O. Box 70  
Salem, VA 24153-0070

<b>EXPENSE REPORT</b>
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*(Please print)*

MEETING (or, other purpose) \_\_\_\_\_

DATE: \_\_\_\_\_ AT: \_\_\_\_\_

INDIVIDUAL (or, vendor) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

AUTO MILEAGE<sup>(\*)</sup> \_\_\_\_\_ @ \_\_\_\_\_ c per mile..... \$ \_\_\_\_\_  
(Name additional passengers):

TOLLS, PARKING, etc..... \$ \_\_\_\_\_

AIR \_\_\_\_\_ BUS \_\_\_\_\_ \$ \_\_\_\_\_

TAXI, LIMO..... \$ \_\_\_\_\_

MOTEL..... \$ \_\_\_\_\_

MEALS..... \$ \_\_\_\_\_

OTHER (Please specify):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

*I certify that this is a true statement of expenses* TOTAL \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Approved (by chairman): \_\_\_\_\_

Check one: <input type="checkbox"/> _____    Reimburse for above, or <input type="checkbox"/> _____ <input type="checkbox"/> _____    Approve and return Form to verify deductible contribution
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\* AUTO MILEAGE: 10c per mile for one; plus 2c for each additional official passenger.

*(Office Use Only)*

Approved: \_\_\_\_\_

Account # \_\_\_\_\_