

EXPENSE REPORT

NC SYNOD ELCA

Requests for reimbursement, accompanied by a receipt, must be submitted within 30 days of incurring the expense.

NAME OF COMMITTEE/BOARD/TASK GROUP _____

MAKE CHECK TO...

Name _____

Address _____

City _____

State _____

Zip _____

BUSINESS PURPOSE _____

(ex. Travel to board meeting at Holy Trinity on 1/15/2015 or overnight travel for candidacy internship visit with candidate 1/15/2015)

Travel

Mileage \$.14 per mile x _____ miles \$ _____

Meals \$ _____

Lodging \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL EXPENSES \$ _____

Please attach receipts including business purpose

Signed _____ Date _____

Signature of Committee/Board/Task Group Chair _____

Email address of Chair _____

**Mail to: Accountant, NC Synod ELCA, 1988 Lutheran Synod Drive, Salisbury, NC 28144 or
Email to mdenise@nclutheran.org.**