

# EXPENSE REPORT

## NC SYNOD ELCA

NAME OF COMMITTEE/BOARD/TASK GROUP \_\_\_\_\_

*Requests for reimbursement, accompanied by a receipt, must be submitted within 30 days of incurring the expense. Reimbursement requests for expenses incurred in January 2012 must be submitted on or before February 10, 2012.*

|                         |
|-------------------------|
| <b>MAKE CHECK TO...</b> |
| Name _____              |
| Address _____<br>_____  |
| City, State _____       |
| Zip _____               |

|                                   |
|-----------------------------------|
| <b>FOR SYNOD USE ONLY</b>         |
| Approved by _____                 |
| Charge to _____                   |
| Date paid &<br>Check number _____ |

PROJECT NAME \_\_\_\_\_

|   |                 |
|---|-----------------|
| <b>EXPENDITURE DESCRIPTION</b>  |                 |
| Travel  |                 |
| Mileage \$.14 per mile x _____ miles  | \$ _____        |
| Meals – Reimbursed for overnight travel only. Not to exceed<br>IRS per diem rate of \$38/day. | \$ _____        |
| Lodging   | \$ _____        |
| Materials   | \$ _____        |
| Postage   | \$ _____        |
| Other _____   | \$ _____        |
| <b>Please Attach Bills, Receipts or Itemized Statements</b>                                   |                 |
| <b>TOTAL EXPENSE OF THIS REPORT</b>   | <b>\$ _____</b> |

**OPTION:** Please send me a receipt in lieu of a check so that I can claim this amount as a contribution to the Synod for an income tax deduction.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Signature of Committee/Board/Task Group Chair \_\_\_\_\_

Mail to: Accountant, NC Synod-ELCA, 1988 Lutheran Synod Drive, Salisbury, NC 28144.