

VIRGINIA SYNOD, ELCA

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

EXPENSE REPORT

(Please print)

MEETING (or, other purpose) _____

DATE: _____ AT: _____

INDIVIDUAL (or, vendor) _____

ADDRESS _____

CITY, STATE & ZIP CODE: _____

AUTO MILEAGE^(*) _____ @ _____ 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: _____ Reimburse for above, or
_____ Approve and return Form to verify deductible contribution

* AUTO MILEAGE: Based on the current IRS mileage rate.

(Office Use Only)

Approved: _____

Account # _____