Evangelical Lutheran Church in America
God's work. Our hands.

Non-employee Expense Report

Date

Name | Unit: Make a Selection

Address | City | State: IL | Zip

Purpose / Location:

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				
$ 0.725				

TOTAL	
Amount to be Refunded	

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.

Signature

Save a Copy | Print

Note to submitter: please email this form with scanned supporting receipts to meeting organizer. Also, if you wish to donate your refund, please indicate to which program:

_____

Note to ELCA staff processing the expenses: Please submit Workday expense report and attach this form and supporting receipts.