

SYNOD OF LINCOLN TRAILS
1100 WEST 42nd ST., SUITE 210, INDIANAPOLIS, IN 46208
(317) 923-3681; 800-566-5996

EXPENSE VOUCHER

Name of Activity _____
Date _____ Place _____

PAY TO THE ORDER OF:

Name _____

Address _____

City/State/Zip _____

ITEMIZED EXPENSES (*Receipt Requested)	AMOUNT
TRANSPORTATION:	
Auto (\$.30 per mile) _____ miles	\$ _____
Other: _____ tolls	_____
_____ parking	_____
Passenger miles (\$.05 per mile) _____ miles	_____
ACCOUNT NUMBER _____	
ROOM* AND MEALS:	
Breakfast _____ Lunch _____ Dinner _____	\$ _____
Single Room Deduction _____ Deduct for guest _____	(_____)
ACCOUNT NUMBER _____	
MISCELLANEOUS EXPENSES:	
Childcare _____	\$ _____
Please specify other _____	_____
ACCOUNT NUMBER _____	
DONATION ... the Synod would be happy to treat any/all of the above amount as a donation to the Synod. If you elect to make such a contribution, please indicate your wishes in the space provided below. You will receive a letter acknowledging said gift in January of the following year.	
ALL _____ \$ _____	TOTAL REIMBURSEMENT: \$ _____

STAFF PERSON AUTHORIZING: _____