

EXPENSE VOUCHER

- **THANK YOU** for sharing your time and talents with the Indiana-Kentucky Synod.
- Please fill in this voucher completely - don't forget the activity and date as well as your name and address.
- Please submit expense forms within 30 days of the meeting date and attach receipts for reimbursement.
- We provide lodging based on double occupancy of hotel rooms. If your family members accompany you, or if you prefer a single room, please pay for your lodging and request reimbursement for half of the expense. Don't forget to attach your receipt.

Name _____

Address _____

Phone __ (____) _____

Signature _____ Date Submitted _____

Date:	Activity:
For Office Use Only	Transportation from _____ to: _____ Auto: _____ miles @ \$.25 per mile \$
	Meals: (cost sharing of up to \$5 for breakfast, \$6 lunch, \$7 dinner - attach receipts) \$
	Lodging: (attach receipt) \$
	Other: (explain on back of form and attach receipts) \$
	TOTAL REQUEST: \$

Please consider this my contribution to our ministry.
THANK YOU for your partnership in ministry.

Please reimburse me.
 Rev. 1/30/10

Return form to Indiana-Kentucky Synod ELCA Phone: 317-253-3522
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