



**Instructions:** Please return this form by September 15, 2009, in order to receive reimbursement. Remember to staple all receipts and to sign form before returning.

**Address:** Evangelical Lutheran Church in America  
 Attention: Jo Brady (OS)  
 8765 West Higgins Road  
 Chicago, IL 60631

**EVANGELICAL LUTHERAN CHURCH IN AMERICA  
 EXPENSE REPORT FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_ Unit OS

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose/Location: 2009 Churchwide Assembly Minneapolis, MN								
Date								TOTALS
Own Car (actual miles driven)								
Amount (at 55 cents per mile)								
Tolls and parking								
Breakfast, including tips								
Lunch, including tips								
Dinner, including tips								
Hotel/Motel								
Bus/Train Fares Baggage fares								
Local fares (Taxi/Airport/Bus)								
Telephone/Telegraph								
Other (Please describe)								

Total	
Deduct: Personal Expenses (	)
Sub-total	( )
Deduct: Travel Advance (	)
Amount Refunded (	)
or Amount Due (	)

\_\_\_\_\_  
 Signature

PE ID       ADPR

Debit	GL Account Code								JL Account Code				
	FD	FA/SB	Unit	Prog.	Activ.	-	Object	/	Unit	Project	Missy/Staff	-	Object
	3	1	17	300	300	-		/	17	00300	000	-	
	3	1	17	300	300	-		/	17	00300	000	-	
	3	1	17	300	300	-		/	17	00300	000	-	

\_\_\_\_\_  
 Unit Authorization                      Unit Accountant Approval                      Documentation Specialist Approval