

EXPENSE VOUCHER

West Virginia-Western Maryland Synod
Evangelical Lutheran Church in America
503 Morgantown Avenue, Suite 100
Fairmont, WV 26554

MEETING (or other purpose): _____

DATE: _____ AT: _____

INDIVIDUAL (or vendor) _____

ADDRESS _____

CITY / STATE / ZIP _____

AUTO MILEAGE _____ miles @ 20 cents per mile \$ _____

TOLLS / PARKING / ETC. \$ _____

PLANE FARE _____ BUS FARE _____ \$ _____

TAXI / LIMO FARE \$ _____

HOTEL \$ _____

MEALS \$ _____

OTHER (specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Attach appropriate receipts / verification. TOTAL \$ _____

I certify that this is a true statement of expenses. Please reimburse me for the above.

Signed: _____

Approved By: _____

For Office use

Approved: _____

Account #: _____

Check #: _____