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|-----------------|--------------------------------|---------------|-------------|
| Name: | Date: | Email: | |
| Phone: | Committee/Congregation: | | |
| Address: | City: | State: | Zip: |

| Date of Expense | Description (lodging, meals, other) | Business Purpose (place, participants, mileage*, etc.) | Account Number (Synod Use) | Account Name (Synod Use) | Amount |
|---|---|--|--------------------------------------|------------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| <i>*Mileage reimbursed at IRS rates. 2018 Rate is .545/mile</i> | | | | | |
| TOTAL | | | | | |

To comply with IRS regulations, this form is required along with adequate documentation of expenses, including original itemized receipts. Please allow 5-10 business days for processing.

I hereby certify the above expenses are valid business expenses incurred in performance of my official duties on behalf of the Eastern ND Synod.

Signature

Date

Signature of Staff Liaison

Date

| | |
|----------------------------------|---------------|
| For Staff Reimbursement: | |
| _____ Signature of Supervisor | _____ Date |