

## REQUEST FOR REIMBURSEMENT OF EXPENSES

*Northeast Conference, Indiana-Kentucky Synod, ELCA*

(1) NAME:			
(2) ADDRESS:			
(3) CITY, STATE & ZIP:			
(4) DAYTIME PHONE:		(5) EVENING PHONE:	
(6) E-MAIL ADDRESS:			
(7) DATE(S) INCURRED:		(8) DESCRIBE ACTIVITY, EVENT, ETC.:	
<u>EXPENSE TYPE</u>	<u>DETAILS OF EXPENSE INCURRED</u>		<u>\$ AMOUNT</u>
(9) TRANSPORTATION:	FROM _____ TO _____ & RETURN AUTO MILES _____ @ \$.25 PER MILE. INCLUDE TOLL ROAD FEES AND PARKING GARAGE EXP. (RECEIPTS REQUIRED) FOR OTHER FORMS OF TRANSPORTATION – IDENTIFY AND ATTACH RECEIPTS.		\$ \$
(10) MEALS:	MEAL ALLOWANCE MAXIMUMS – PLEASE ATTACH RECEIPTS. BREAKFAST: \$5.00      LUNCH: \$6.00      DINNER: \$7.00		\$
(11) LODGING:	LODGING PROVIDED BASED ON DOUBLE OCCUPANCY OF ROOMS. ANY PORTION OF EXPENSES FOR FAMILY MEMBERS MUST BE DEDUCTED. PLEASE ATTACH RECEIPTS.		\$
(12) OFFICE SUPPLIES:	DESCRIBE EXPENSES – PAPER, ENVELOPES, PRINTER SUPPLIES, COPIES, PRINTING, POSTAGE, ETC. ATTACH RECEIPTS.		\$
(13) FEES:	DESCRIBE EXPENSES – FEES, REGISTRATIONS, ETC. ATTACH RECEIPTS.		\$
(14) OTHER EXPENSES:	DESCRIBE IN DETAIL AND ATTACH RECEIPTS.		\$
(15) TOTAL EXPENSES:	TOTAL EXPENSES INCURRED ON BEHALF OF THE NORTHEAST CONFERENCE.		\$
(16) AMOUNT TO BE REIMBURSED:	TOTAL AMOUNT YOU WANT REIMBURSED.		\$
(17) SIGNATURE:			(18) DATE SUBMITTED:
(19) FOR CONF RECORDS ONLY.	APPROVAL:	DATE PAID:	CHK#:

*Note: Receipts are required for all expenses except mileage. Please complete and sign the reimbursement form, make copies of completed form and receipts for your records, attach all receipts to form and mail to:*

**NORTHEAST CONFERENCE TREASURER  
c/o EDWARD H REDMON  
5226 BROOKVIEW DRIVE  
FORT WAYNE, INDIANA 46835-2309**