

Non-employee Expense Report

									Date	
Name										
Address				City				State	Zip	
Purpose / Location	:									
Date										TOTALS
Own Car (Actual miles driven)										
Mileage Amt.										
Tolls and parking										
Breakfast (including tips)										
Lunch (including tips)										
Dinner (including tips)										
Hotel/Motel										
Bus / Train fares										
Local fares (taxi / airport bus)										
Telephone / Internet / FAX										
Gratuities for Hotel Shuttle										
Mileage Rate							TOTAL			
	Air Fare							Amount to		
By way of my signature, I state that the submitted expenses have been incurred on behalf of the ELCA, that the amounts shown are true and accurate										
and are documented in accordance with ELCA policies and procedures.										
Signature										

Note to submitter: please email this form with scanned supporting receipts to meeting organizer. Also, if you wish to donate your refund, please indicate to which program:

Note to ELCA staff processing the expenses: Please submit Workday expense report and attach this form and supporting receipts.