

EXPENSE REPORT

North WI District LCMS

Name _____

Address _____

City/State _____



Check Amount: \$ \$ -

3103 Seymour Lane Wausau WI 54401

Purpose of Trip:

<i>Date</i>									<i>Totals</i>
Transportation									
Business Miles Traveled									
Mileage Allowance @ \$ 0.535	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Airfare Travel									\$ -
Auto Rental									\$ -
Fuel									\$ -
Parking & Tolls									\$ -
Taxi									\$ -
Tips									\$ -
Business Meals									
Breakfast									\$ -
Lunch									\$ -
Dinner									\$ -
Business meals for others									\$ -
Lodging									
Lodging									\$ -
Telephone									\$ -
Other									\$ -
Miscellaneous Expenses									
									\$ -
									\$ -
									\$ -
Daily Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Explain-Other/Misc:									Total Expenses
									\$ -

Account	Office Use - Amounts	Description

Requested	Date:	Special Notes:
By:		
Approved	Date:	
By:		