EXPENSE REPORT

North WI District LCMS

Name

Address

City/State

Check Amount: $ $ -



3103 Seymour Lane Wausau WI 54401

Purpose of Trip:

Date								***Totals***
Transportation								
Business Miles Traveled								
Mileage Allowance @ $ 0.535	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
AirfareTravel								$ -
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 By:	Date:	Special Notes:
Approved By:	Date:	