

THE AMERICAN ASSOCIATION OF LUTHERAN CHURCHES

The Office of Financial Accounting

921 E. Dupont Rd., #920

Fort Wayne, IN 46825

EXPENSE REQUEST REPORT: AALC ALTS (circle one)

Name: _____

Address: _____
Street City State Zipcode

Position _____ Trip Dates: from _____ to _____

Purpose of Expense: _____

Budget Item Charged: _____

Please indicate items that apply to your request and attach ALL appropriate documentations, invoices, vouchers, etc.

- | | |
|------------------------------------|---|
| \$ _____ Travel | \$ _____ Contracts/Agreements |
| \$ _____ Lodging | \$ _____ Published Materials |
| \$ _____ Meals | \$ _____ Advertising |
| \$ _____ Telephone | \$ _____ Computer Software |
| \$ _____ Postage | \$ _____ Computer Network |
| \$ _____ Printing/Artwork | \$ _____ Moving Expenses |
| \$ _____ Utility Expenses | \$ _____ Equipment/Material Rental |
| \$ _____ Office Equipment | \$ _____ Service Agreements |
| \$ _____ Office Equip. Maintenance | \$ _____ Honorarium |
| \$ _____ Office Supplies | \$ _____ Editorial Assistance |
| \$ _____ Office Maintenance | \$ _____ Secretarial Assistance |
| \$ _____ Rent | \$ _____ Education/Training Fees |
| \$ _____ Furniture and Fixtures | \$ _____ Professional Services |
| \$ _____ Consulting Fees | \$ _____ Other (<i>Comment Below</i>) |

Comments: _____

Total Amount Requested \$ _____

Signature: _____ Date: _____

* * * * *

Reimbursement approved by: _____