

THE AMERICAN ASSOCIATION OF LUTHERAN CHURCHES

The Office of Financial Accounting

921 E. Dupont Rd., #920

Fort Wayne, IN 46825

REIMBURSEMENT EXPENSE REPORT: AALC ALTS (circle one)

Name _____

Address _____

Street

City

State

Zipcode

Position _____ Trip Dates: from _____ to _____

Purpose of trip: _____

Expenses: **No expenses will be reimbursed without receipts! If claiming mileage, please include map of route taken (Google, Mapquest, Yahoo Map, or etc. will work). If claiming meals, please include you itemized meal receipt, since there are some items that are not allowed to be reimbursed.**

1. Travel

- a. Airfare _____
- b. Car Rental _____
- c. Car fuel _____
- d. Taxi/Shuttle _____
- e. Parking/Tolls _____
- f. Mileage: _____ @ \$0.30/mile _____
- g. Other: _____ _____

Sub-total Travel _____

2. Lodging _____

3. Meals (include tips) _____

4. Telephone _____

5. Other: _____ _____

Sub-total expenses _____

Less Cash Advances (_____)

Net Reimbursement _____

Disclaimer:

I hereby certify that the above is a true statement of my expenses incurred in service to TAALC or to ALTS.

Signature

Date

* * * * *

For Accounting Dept. Only: Check # _____ Date written _____

Reimbursement approved by: _____