

CANDIDATE

ELCA-Southeastern Synod
PO Box 400
Decatur, GA 30031

expense report

Date _____

- Please Print Legibly -

NAME _____

ADDRESS _____
Street City State Zip

TELEPHONE _____

- Please attach all supporting documents -

1 CANDIDACY MEETING
mileage \$0.20 cents/mile _____ 01-5435-1230 \$ _____
miles driven

a. Air Travel 01-5445-1230 \$ _____
b. Lodging 01-5450-1230 \$ _____
c. Meals 01-5455-1230 \$ _____

2 CANDIDACY RETREAT
mileage \$0.20 cents/mile _____ 2C-8002-1220 \$ _____
miles driven

a. Travel 2C-8002-1220 \$ _____
b. Lodging 2C-8002-1220 \$ _____
c. Meals 2C-8002-1220 \$ _____

3 CANDIDATE MISCELLANEOUS
Discernment Materials 01-5275-1200 \$ _____
\$ _____

TOTAL TO BE REIMBURSED TO CANDIDATE \$ _____

PAYEE'S SIGNATURE _____

COMMITTEE CHAIR'S SIGNATURE _____

If you would prefer to be reimbursed for only part of your expenses, we will be pleased to send you a written acknowledgment for your tax records. Please indicate the amount (if any) of your total expenses to be designated as a donation: \$ _____

PLEASE SEE REVERSE FOR SYNOD COUNCIL APPROVED REIMBURSEMENT LIMITS

HOTEL/MOTEL ACCOMMODATIONS

All reservations normally are made on a double occupancy basis unless requested otherwise.

If you request single occupancy, you are expected to pay one-half the total room charge.

(Payment may be made at the meeting to the synod with a check made out to ELCA-Southeastern Synod, or you can deduct one-half the total room charge from the total on your expense voucher.)

Any extra charges made for movies, telephone (local and long distance), etc., should be paid to the hotel upon check out.

MEALS

Up to \$3.50 for breakfast

Up to \$4.00 for lunch

Up to \$8.00 for dinner

No reimbursement for alcoholic beverages will be made.

TRAVEL

Air travel is authorized if over 200 miles one way (receipt required). Staying over a Saturday night when you fly is authorized when you can save more than the additional nights hotel room charge. Economical travel is encouraged. MARTA travel is available from the Atlanta Airport to the synod office.

Auto travel will be reimbursed as follows:

Member driver -	20 cents/mile
1 member passenger -	4 cents/mile
2 or more members-	<u>4 cents/mile</u>
Total	28 cents/mile

Please list passenger's name(s):

RECEIPTS

Please include receipts to support **all** expenses listed on the voucher.

All expenses incurred in January of a given year
MUST be submitted by January 31 of that year.

*Additionally, it would assist in our accounting process if all expenses are turned in **within 30 days** after they are incurred.*