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 @ $ 0.555								
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:	