

Circuit Counselor Expense Report - Michigan District LCMS

Name _____

Dates _____

Address _____

Circuit _____

City/State/ZIP _____

PLEASE ATTACH ALL RECEIPTS

MEALS DETAIL

DATE	PLACE	PURPOSE	PARTICIPANTS	AMOUNT
Subtotal				

AUTOMOBILE MILEAGE DETAIL

DATE	DETAILS Destination (From where to where) / Purpose of Trip	ODOMETER		Business Miles
		Beginning	Ending	
TOTAL MILES				
Enter Standard IRS Business Mileage Rate				
Amount Due				

OTHER EXPENSES (hotel, postage, etc.)

Subtotal	

Signature _____

TOTAL DUE THIS EXPENSE REPORT: \$

Approved _____

Vendor # _____ Date Paid _____

Check # _____

BUSINESS OFFICE USE ONLY

REV 5/2007
