

Travel and Expense Report - Michigan District LCMS

Name _____ Period _____

DISTRICT OWNED AUTOMOBILE EXPENSES

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total
Gas								
Maintenance								
Subtotal								

DAY TO DAY TRAVEL AND ENTERTAINMENT

Breakfast*								
Lunch*								
Dinner*								
Lodging								
Tolls								
Subtotal								

CONFERENCES ATTENDED OR GIVEN

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total
INDICATE CONFERENCE								
Breakfast*								
Lunch*								
Dinner*								
Lodging								
Transport / Tolls								
Other								
Subtotal								

GENERAL (Describe as applicable)

Hospitality*								
Subtotal								

* For meals with other people, entertainment section must be completed on back.

Business use of personal vehicle from back: \$

Signature _____

TOTAL DUE THIS EXPENSE REPORT: \$

Approved _____

Vendor # _____ Date Paid _____

Check # _____

BUSINESS OFFICE USE ONLY

REV 2/2000

