



Name:	Date:	Email:	
Phone:	Committee/Congregation:		
Address:	City:	State:	Zip:

Date of Expense	Description (lodging, meals, other)	Business Purpose (place, participants, mileage*, etc.)	Account Number (Synod Use)	Account Name (Synod Use)	Amount
<i>*Mileage reimbursed at IRS rates. 2019 rate for employee's is .58/mile. The 2019 rate for volunteers is .14/mile.</i>					TOTAL

To comply with IRS regulations, this form is required along with adequate documentation of expenses, including original itemized receipts. Please allow 5-10 business days for processing.

I hereby certify the above expenses are valid business expenses incurred in performance of my official duties on behalf of the Eastern ND Synod.

Signature

Date

Signature of Staff Liaison

Date

For Staff Reimbursement:	
_____ Signature of Supervisor	_____ Date