



Reimbursement Request

Return to: office@eandsynod.org

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. 2026 rate for employees: 72.5 cents/mile. The 2026 rate for volunteers: 14 cents/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