

TRAVEL EXPENSE REPORT	2023
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1. Name _____
 Address _____
 City/State/Zip _____

Indiana District - LCMS
 1145 South Barr Street
 Fort Wayne, IN 46802-3180

260-423-1511
800-837-1145

Date Requested	
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2. Board, Council or Committee _____

3. Purpose of Trip: _____

Account Number	
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4. A. Date of Activity. (mm/dd/yy)	
B. Personal Auto Mileage (Actual Roundtrip Mileage)	_____
C. Mileage Reimbursement (Calculated) (2023 Mileage Rate \$.655 / mile)	_____
D. Air-Train-Bus Fares	_____
E. Meals (Include tip)	_____
F. Lodging (Room only)	_____
G. Other (Explain) _____	_____
H. Less Amount Contributed to District (Enter as a negative amount) (A confirmation notice of your contribution will be sent for your tax purposes)	_____
I. Total Expense Reimbursement	_____

5. Traveler's Signature _____ Date _____

6. Executive Signature - Approval _____ Date _____

Office Use Only

Approval _____

Date Entered _____

Date Paid _____

Check No. _____