

EXPENSE FORM
NORTH CAROLINA WOMEN OF THE ELCA

Name _____ Date _____
Address _____ City _____
Telephone _____ Zip _____
Event/Activity _____
Expenses incurred for _____
Person(s) traveling with you _____
Committee(s) they serve on _____
Food/Lodging _____
Honorarium _____
Postage _____
Phone _____
Travel _____ miles @ \$.25 = _____
Travel (donated) _____ miles @ \$.14 = _____
Miscellaneous (specify) _____
Total expenses incurred \$ _____



Please designate the line item:

| | |
|----------------------------------|--------------------|
| _____ Administration (Board) | _____ Discipleship |
| _____ Justice | _____ Stewardship |
| _____ Conference Leader | _____ Other _____ |
| _____ Gathering Program Planning | |

Mail to: Nena Babb 6130 Heavner Road, Vale, NC 28168

_____ In lieu of reimbursement, please send me a receipt so that I can claim this amount as a contribution to Women of the ELCA.

(For Treasurer's use only)

Date Paid _____ Check Number _____
Comments _____
Treasurer _____

Revised 2/28/2017