

## INDIANA-KENTUCKY SYNOD VOLUNTEER EXPENSE VOUCHER

- **THANK YOU** for sharing your time and talents with the Indiana-Kentucky Synod.
- Please fill in this voucher completely - don't forget the activity and date as well as your name and address.
- Please submit expense forms within 30 days of the meeting date and attach receipts for reimbursement.
- We provide lodging based on double occupancy of hotel rooms. If your family members accompany you, or if you prefer a single room, please pay for your lodging and request reimbursement for half of the expense. Don't forget to attach your receipt.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone\_\_ (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

<b>Date:</b>	<b>Activity:</b>
For Office Use Only	Transportation from _____ to: _____ Auto: _____ miles @ \$.18 per mile <span style="float: right;">\$</span>
	Meals: (cost sharing of up to \$5 for breakfast, \$6 lunch, \$7 dinner - attach receipts) <span style="float: right;">\$</span>
	Lodging: (attach receipt) <span style="float: right;">\$</span>
	Other: (explain on back of form and attach receipts) <span style="float: right;">\$</span>
	<b>TOTAL REQUEST:</b> <span style="float: right;">\$</span>

Please consider this my contribution to our ministry.  Please reimburse me.

**THANK YOU for your partnership in ministry.** 3/2002

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Please fill out and submit this form to:

Indiana-Kentucky Synod ELCA  
911 E 86<sup>th</sup> Street, Suite 200  
Indianapolis, IN 46240-1840  
Phone: 317-253-3522  
FAX: 317-254-5666

**THANK YOU for your partnership in ministry**