

**Christian Reformed Church in North America
Denominational Services
2850 Kalamazoo Avenue SE
Grand Rapids, Michigan 49560
Fax: 616-224-5895; Ph: 616-224-0769**

U.S. Expense Report

Date _____

Name: _____

Address: _____

Phone: () _____ Email: _____

for expenses attending Synodical Deputy: 10-934-8750-000-62
committee, Synodical Deputy, etc.

which met on/from _____
Date or inclusive dates

I traveled from: _____ (date: _____) to: _____

and returned to: _____ (date _____)

Note: You are reimbursed for your miles driven provided the cost will be less than the cost of airfare or car rental.

| My expenses included: | a/c code # (for office use) | \$ Amount |
|---|--------------------------------|-----------|
| Air travel: <input type="checkbox"/> booked through CRC corp. travel acct <input type="checkbox"/> not booked through CRC corp travel acct Please attach receipt. | | |
| Car: <input type="checkbox"/> drove _____ miles at .51 cents per mile <input type="checkbox"/> car rental <i>Please review options of air transportation, car rental or driving your personal vehicle.</i> | | |
| Other: <input type="checkbox"/> Bus or Rail, etc. | | |
| Meals: Attach receipts and list on reverse side. | | |
| Lodging: Attach receipts and list on reverse side. | | |
| Misc.: Attach receipts and list on reverse side. | | |
| 1. | | |
| | Total for reimbursement | \$ |

Please provide daily detail on reverse side & attach ALL receipts to this report.

Signature _____

Authorizing Signature _____

Date _____

