

Christian Reformed Church in North America
Denominational Services
1700 28th St. SE, Grand Rapids, Michigan 49508-1407
Fax: 616-224-5895; Ph: 616-224-0769

U.S. Expense Report

Date _____

Name: _____

Address: _____

Phone: () _____ Email: _____

for expenses attending CRC Chaplains Training 2020
committee, Synodical Deputy, etc.

which met on/from September 24-26, 2020
Date or inclusive dates

I traveled from: _____ (city, state) to _____ (city, state)

on _____ (date) and returned to: _____ on _____ (date)

I traveled with: _____.

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 58 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 itemized receipts and list on reverse side.		
Lodging: Attach itemized receipts and list on reverse side.		
Misc.: Attach itemized receipts and list on reverse side.		
	Total for reimbursement	\$

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

Please complete this form within 10 days of travel.

Signature _____

Authorizing Signature _____

Date _____

[illegible]