

**PRESBYTERIAN CHURCH (USA)
TRAVEL EXPENSE REPORT**

Mail Direct _____
Direct Deposit _____
Ext _____

Name _____	Traveler's Signature/Date _____
Address _____	Authorizing Signature/Date _____
_____	Purpose of Trip <u>Company of New Pastors</u>
_____	Meeting Location _____
_____	Dates of Trip _____
Phone _____	Sponsoring Entity <u>Office of Theology & Worship</u>
Email _____	

Your authorizing signature indicates the backup documentation is appropriate and supports the release of funds.

Location	Date											TOTAL
Breakfast												
Lunch												
Dinner												
Hospitality												
Total												
Lodging												
Airfare												
Taxi/Shuttle/Bus												
Parking & Tolls												
Mileage @ 0.55												
Miles driven												
Car Rental												
Miscellaneous												
TOTALS												

List names & business purpose for expenses of others and explain miscellaneous expenses.

Date	Amount		**(1) Country
			** (2) Empl ID
			** (3) Committee

Account Distribution									
Entity	Director	Program	Office	Objective	Acct Code	Class	Project	Amount	Description
10	30	21	163	00		3	LIL-163		
10	30	21	163	00		3	LIL-163		
10	30	21	163	00		3	LIL-163		
10	30	21	163	00		3	LIL-163		
10	30	21	163	00		3	LIL-163		

Total Expenses _____	Less: Cash Advanced by Church _____
Less: Funds (given as Donation to the Church) _____	Refund Due Me/(Refund Due the Church) _____

Please remit to: Presbyterian Church (U.S.A.), Catherine Reuning Rm 2619A, 100 Witherspoon St, Louisville, KY 40202
All receipts must be attached, including itemized for meals.