2020 **Christian Reformed Church in North America**

 **Denominational Services**

**1700 28th St. SE, Grand Rapids, Michigan 49508-1407**

#### Email: cbeadle@crcna.org; Fax: 616-224-5895; Ph: 616-224-0769

####  U.S. Expense Report Date\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Phone: ( ) Email:

for expenses attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Synodical Deputy (10-931-8750-000-62)

 committee, Synodical Deputy, etc.

 which met on/from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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: booked through CRC corp. travel acct not booked through CRC corp travel acct **Please attach receipt.** |  |  |
| Car:drove miles at 57.5 cents per milecar rental *Please review options of air transportation, car rental or driving your personal vehicle.* |  |  |
| Other: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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MEALS** | **LODGING** | **MISC** |  |
| DATE | BREAK-FAST | LUNCH | DINNER | MOTEL | GAS | PARKING/TOLLS | CARRENTAL | TAXI/BUS | OTHER | COMMENTS |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |  |  |  |