

Assistants to the Bishop
 Northern Illinois Synod
 Evangelical Lutheran Church in America
 103 W. State St., Rockford, IL 61101-1105
 (815) 964-9934

Name: _____
 Address: _____

 (City) (State) (Zip)

Auto Miles ____ at 58.5¢ per mile: \$ _____
 Tolls or Parking Fees: \$ _____
 #450-60065 Total Expenses: \$ _____

- Reimburse for above, or
- Approve and return form to verify deductible contribution
 - **(Please note:** If using this voucher as verification of an income tax deduction, per the IRS you may claim only 14¢ per mile as a charitable contribution. Therefore, change the 48.5¢ figure above to 14¢ per mile before calculating your expense.)

I certify the above to be true and correct _____
 (Signature of Individual Payee)

Month:	Miles	Tolls/Parking	Explanation
1			
2			
3			
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29			
30			
31			
Totals			