

DEANS MEETING
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: \$ _____
Meals or Food: \$ _____
Lodging: \$ _____
Other (must specify) _____: \$ _____
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 44.5¢ figure above to 14¢ per mile before calculating your expense.)

(Sub-Committee or Task Force) (Place of meeting) (Date)

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

(Signature of Committee Chair)

Receipts must be attached for expenses other than mileage totaling more than \$20.00.

 X 350-60010 Deans Meeting