

**NOMINATING COMMITTEE**  
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 55¢ 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   300-60020 Nominating Committee