

RESOLUTIONS 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.)

(Place of meeting)

(Date)

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

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

 X 300-60035 Resolution Committee