

**MEETING EXPENSE VOUCHER**

Synod of the Mid-Atlantic  
(Effective 1/1/20)

*IRS Regulations require that expenses be reported within 60 days or the reimbursement becomes taxable*

MEETING OF: \_\_\_\_\_

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXPENSE DETAILS** Travel by auto (round trip mileage) miles at \$ .575  
Driver \_\_\_\_\_  
Passenger Names \_\_\_\_\_

Travel by Plane, Bus or Train (Receipt required. See instructions #4) \_\_\_\_\_

Parking (Receipts required) \_\_\_\_\_

Tolls (Receipts required) \_\_\_\_\_

Cab Fare (Receipts required) \_\_\_\_\_

Lodging (Receipt required. See instruction #3 and #5) \_\_\_\_\_

Meals (Receipts required for all expenditures over \$10.00) # of Meals \_\_\_\_\_  
(See instructions #3 and #6.)

Other Expenses (Receipts required) \_\_\_\_\_  
\_\_\_\_\_

Less Contribution to SYNOD as a tax deductible gift \_\_\_\_\_

Less Deductions (Single Room/Spouse's Meals, etc.) \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

PAY AMOUNT AND MAIL CHECK TO:

Check here if new address

**PLEASE PRINT:**

N A M E : \_\_\_\_\_ P H O N E : ( \_\_\_\_\_ )

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Committee Chair, Synod Staff Person)

**NOTE:** See instructions on reverse side for completing voucher. Please do not submit expense voucher without the required receipts, as it will delay processing.

OFFICE USE Charge Account #: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING EXPENSE VOUCHER

1. Member pays for all expenses and provides receipts attached to an expenditure reimbursement form.
2. Reimbursement form must be completed in its entirety.
3. Mileage expenses will be reimbursed at the current IRS Business Mileage rate.
4. Air travel must be calculated as less than mileage reimbursement and approved by the synod executive prior to travel.
5. Hotel accommodations will be reimbursed totally for those members sharing a room. Single room accommodations require the member to pay half. Hotel rates will be communicated to attendees prior to meetings.
6. Meals will be reimbursed at a \$47 per diem rate: Breakfast -- \$10; Lunch --\$12; Dinner --\$25. Tips and gratuities are reimbursed (up to 20%). Alcoholic beverages will not be reimbursed.
7. Expenses for an accompanying spouse are not reimbursable; prior notification is required if a spouse is to accompany a member.
8. Members requiring family care services while attending a synod function shall be entitled to reimbursement for costs up to a maximum of \$25 per day.
9. Reimbursement requests must be filed within 60 days of program/meeting.