

Return to Debbie Gardiner

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**PRESBYTERIAN CHURCH (USA)**

**TRAVEL EXPENSE REPORT**

Mail Direct

Direct Deposit

Ext

Name of Traveler: \_\_\_\_\_ Traveler's Signature /Date \_\_\_\_\_

Address \_\_\_\_\_ \*Authorizing Signature/Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Purpose of Trip Presbyterian Mission Agency Board Meeting

\_\_\_\_\_ Meeting Location Crowne Plaza, Louisville, KY 40209

\_\_\_\_\_ Dates of Trip September 23-25, 2015

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Sponsoring Entity Presbyterian Mission Agency

**Your authorizing signature indicates the backup documentation is appropriate and supports the release of funds.**

Location Date	Monday 09/21/15	Tuesday 09/22/15	Wednesday 09/23/15	Thursday 09/24/15	Friday 09/25/15			Totals
Breakfast				Group Breakfast	Group Breakfast			0.00
Lunch				Group Lunch				0.00
Dinner			Group Dinner	Group Dinner				0.00
Hospitality								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lodging								0.00
Airfare								0.00
Taxi/ Shuttle/ Bus								0.00
Parking & Tolls								0.00
Mileage @ <u>.575</u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<i>Enter miles driven</i>								
Car Rental								0.00
Misc								0.00
								0.00
<b>TOTALS</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**List names & business purpose for expenses of others and explain miscellaneous expenses.**

Date	Amount		
			** (1) Country
			** (2) Empl ID
			** (3) Committee

Account Distribution							Project	Amount	Desc
Entity	Director	Program	Office	Objective	Acct Code	Class			
10	10	04	086	00	822100	1		0.00	

Total Expenses 0.00 Less: Cash Advanced by the Church \_\_\_\_\_  
 Less: Funds (given as Donation to the Church) \_\_\_\_\_ Refund Due Me/(Refund Due the Church) 0.00