

Return to: Debbie Gardiner  
 100 Witherspoon Street  
 Louisville KY 40202

## PRESBYTERIAN CHURCH (USA)

### TRAVEL EXPENSE REPORT

Mail Direct \_\_\_\_\_  
 Direct Deposit \_\_\_\_\_  
 Ext \_\_\_\_\_

[debbie.gardiner@pcusa.org](mailto:debbie.gardiner@pcusa.org)

Name of Traveler: _____	Traveler's Signature/Date _____
Address _____ _____ _____	*Authorizing Signature/Date _____
	Purpose of Trip <u>Presbyterian Mission Agency Board Meeting</u>
	Meeting Location <u>Louisville KY</u>
	Dates of Trip <u>September 17-19, 2014</u>
Phone: _____ E-Mail Address: _____	Sponsoring Entity <u>Presbyterian Mission Agency</u>

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

Location Date	Monday	Tuesday	Wednesday	Thursday	Friday			Totals
	September 15	September 16	September 17	September 18	September 19			
Breakfast								
Lunch				Group Meal				
Dinner			Committee Dinner	Group Dinner				
Hospitality								
Total								
Lodging								
Airfare								
Taxi/ Shuttle/ Bus								
Parking & Tolls								
Mileage @ <u>.56</u>								
<i>Enter miles driven</i>								
Car Rental								
Misc								
<b>TOTALS</b>								

List names & business purpose for expenses of others and explain miscellaneous expenses.				Transaction Code
Date	Amount	Explanation		
				** (1) Country
				** (2) Empl ID
				** (3) Committee

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

Total Expenses \_\_\_\_\_

Less: Funds (given as Donation to the Church) \_\_\_\_\_

Less: Cash Advanced by the Church \_\_\_\_\_

Refund Due Me/(Refund Due the Church) \_\_\_\_\_