

EXPENSE FORM
Emmanuel Lutheran Church
920 Third Avenue
Rockford, IL 61104
(815) 963-4815

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

Expenses (Write Description of Materials or Services Below):	\$ _____
Auto Miles _____ at 55.5¢ per mile:	\$ _____
Tolls or Parking Fees:	\$ _____
Meals and Food:	\$ _____
TOTAL EXPENSES	\$ _____

Description of Materials or Services:

Check the Expense Account - (If the expense is not listed Write In) All receipts must be submitted prior to payment.					
<input type="checkbox"/>	61005	Building Repairs & Maintenance	<input type="checkbox"/>	64050	Office
<input type="checkbox"/>	61025	Insurance	<input type="checkbox"/>	64055	Other Expenses - Church Events
<input type="checkbox"/>	61030	Janitorial Supplies	<input type="checkbox"/>		
<input type="checkbox"/>	61070	Unbudgeted Major Projects	<input type="checkbox"/>		
<input type="checkbox"/>	62000	Food Pantry	<input type="checkbox"/>		
<input type="checkbox"/>	63000	Mission House - Operations	<input type="checkbox"/>		
<input type="checkbox"/>	63005	MH - Building & Maintenance	<input type="checkbox"/>		
<input type="checkbox"/>	63010	Carpenter's Place	<input type="checkbox"/>		
<input type="checkbox"/>	63050	Soup Kitchen	<input type="checkbox"/>	64060	Outreach
<input type="checkbox"/>	64005	Adult Education	<input type="checkbox"/>	64065	Postage
<input type="checkbox"/>	64013	Books	<input type="checkbox"/>	64070	Professional Fees
<input type="checkbox"/>	64015	Brochures/Website Design	<input type="checkbox"/>	64075	Publicity
<input type="checkbox"/>	64020	Caring Connections (Cong Life)	<input type="checkbox"/>	64082	Soup n' Scripture
<input type="checkbox"/>	64025	Children's Ministry	<input type="checkbox"/>	64085	Stewardship
<input type="checkbox"/>	64030	Finance	<input type="checkbox"/>	64090	Van
<input type="checkbox"/>	64032	Flowers	<input type="checkbox"/>	64091	Weddings
<input type="checkbox"/>	64034	Funeral Luncheons	<input type="checkbox"/>	64092	Worship and Music
<input type="checkbox"/>	64035	Hospitality Table	<input type="checkbox"/>	64099	Youth Events
<input type="checkbox"/>	64040	Membership	<input type="checkbox"/>	65005	ELB Coordinator
<input type="checkbox"/>	64040.1	Art Shows	<input type="checkbox"/>	65015	Nursery Attendant
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Reimburse individual or pay vendor for the 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 55.5¢ figure above to 14¢ before calculating your expense.)

Please print this form. After completion attach receipts to the back of form.
The form can be mailed or dropped off at Emmanuel's office.
I certify the above to be true and correct:

 (Signature of Individual Payee) _____
 (Date)

 (Signature of Committee Chairperson) _____
 (Date)