

EASTERN CLUSTER FOR LUTHERAN SEMINARIES
 PROJECT CONNECT
 665 Eaton Road
 Freedom, NH 03836
 TRAVEL EXPENSE VOUCHER

DATE ___/___/___

NAME _____

STREET OR P.O.BOX _____

CITY _____ STATE _____ ZIP _____

DATES COVERED BY THIS STATEMENT _____ to _____

MEETING ATTENDED _____

PURPOSE OF MEETING _____

DESCRIPTION	DOLLAR AMOUNT	ACCOUNT NUMBER
Fare (rail, air, bus, cab, etc)		
Meals:		
Mileage:		
Tolls, Parking:		
Hotel, Lodging:		
Other Expenses:		
TOTAL		

I hereby verify that the expenses identified above are ordinary and necessary business expenses. Please attach all receipts and documentation to substantiate all expenses including original bills.

SUBMITTED BY: _____
Please sign

APPROVED BY: _____
Donald G. Johnson

For office use

GL # 10-742-7 _____

____ Prog ID 1000 Lilly

____ Prog ID 1100 Interest

\$ _____