



PAYMENT AUTHORIZATION  FORM A

MEETING EXPENSES FOR VOLUNTEERS

Please fill in the required information and hand in or mail or:

Synod of the Covenant, 1911 Indianwood Circle – Suite B, Maumee, OH 43537

Fax: 419-754-4051

Name \_\_\_\_\_ Date \_\_\_\_\_

Committee \_\_\_\_\_

Address to whom the check should be sent \_\_\_\_\_

NOTE: PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL EXPENSES, EXCEPT FOR MILEAGE.

TRAVEL

Miles (round trip) \_\_\_\_\_ x \$0.30 = \$ \_\_\_\_\_

Passengers # \_\_\_\_\_ x Miles \_\_\_\_\_ x \$0.02 each = \$ \_\_\_\_\_

Tolls \$ \_\_\_\_\_

Names of Passengers: \_\_\_\_\_

Airfare \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Travel Total \$ \_\_\_\_\_

MEALS (MAXIMUMS INCLUDE ALL GRATUITIES)

Please attach original, itemized

Breakfast (\$12 maximum) \$ \_\_\_\_\_

restaurant receipts. Alcohol charges are not

Lunch (\$14 maximum) \$ \_\_\_\_\_

reimbursable.

Dinner (\$25 maximum) \$ \_\_\_\_\_ Meals Total \$ \_\_\_\_\_

LODGING

Nights \_\_\_\_\_ x Rm. Rate \_\_\_\_\_ = \$ \_\_\_\_\_

Single Room (If you request a single room, you will be billed one-half the cost of the room)

Shared Room with \_\_\_\_\_ Lodging Total \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

My Contribution to the Synod of the Covenant (Subtract the following amount) \$ \_\_\_\_\_

Total due to me \$ \_\_\_\_\_

Signature \_\_\_\_\_

FOR COMMITTEE AND STAFF USE

Signature of Authorization \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_