TRAVEL VOUCHER
Synod of Albany
1790 Grand Blvd.
Schenectady, NY 12309

NAME:

Date of Submission:

ADDRESS:

Dates of Travel:

TO

REASON FOR TRAVEL

- ☐ *Synod Delegate*
- ☐ *Synod OJB*
- ☐ *Synod ASEC*
- ☐ *Other:_____*
- ☐ *Synod Personnel*
- ☐ *Synod Finance*
- ☐ *Classis Ministry Board*

Albany Synod will reimburse mileage only for those traveling more than 25 miles one way to the meeting location.

EXPENSES

TRANSPORTATION

Public Transportation (Attach ticket stub/receipt)

Auto Rental:

Rental Cost:

Gas for Rental:

Mileage ____ **@ $0.50 per mile =**

Auto Related Expenses

Tolls:

Parking:

MEALS - LODGING - MISC

Meals required en route (Limit: $11, $8 lunch, $6 breakfast)

Lodging Required En Route (Must be approved in advance)

Telephone Expenses

LESS* *(*You may give a gift of reduced expense)*
Negative #s ONLY

TOTAL EXPENSES

OFFICE USE ONLY
Authorization Budget Code:

Date Paid: **Check#:**