

**Instructions** for the  
Ohio District – LCMS  
**TRAVEL EXPENSE REPORT**

*This form is developed in Excel and is available electronically. When completed using Excel, calculations are automatically done by the spreadsheet. The form is also available in hard copy and can be completed by hand. Contact any staff member at the Ohio District Mission Support Center to have the form sent to you via email or US mail.*

**Traveler:**

- I. Enter name, address, city, state and zip of the person/entity being reimbursed.
- II. Enter the date the form is being completed.
- III. Enter the purpose of the trip (i.e. Mission Board meeting)
- IV. Across the top of the expense section, enter each date on which travel occurred.
- V. Complete the column beneath each of the travel dates. Explain any amounts in “Other” or “Miscellaneous” in the space provided.
- VI. Total the columns down and the rows across and enter the amount due in the box beneath the Report Date. (Note: If the electronic form is completed in Excel this step is done automatically.)
- VII. Sign as traveler and date the form.
- VIII. Attach original receipts.
- IX. Mail the form and receipts to the Executive Staff member who authorized the travel. Send to their attention at the following address:

Ohio District Mission Support Center  
P.O. Box 38277  
Olmsted Falls, Ohio 44138

**Executive Staff:**

- I. Review and sign the Travel Expense Report
- II. Under distribution, enter the account number, account description and the amount to be reimbursed.
- III. Forward the form to the Chief Financial Officer.

# TRAVEL EXPENSE REPORT

## OHIO DISTRICT - LCMS

P.O. BOX 38277  
 OLMSTED FALLS, OHIO 44138  
 440-235-2297 or 800-901-2297  
 Fax 440-235-1970  
 WWW.OH.LCMS.ORG

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Checks are issued on the 10th  
 and 25th of each month.

Report Date

\$ -  
 Amount Due

Purpose of Trip:										
Date									Totals	
<b>Transportation</b>										
Business Miles Traveled									0	
Mileage Allowance @ \$ 0.585	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Airfare/Travel									\$ -	
Auto Rental									\$ -	
Fuel									\$ -	
Parking & Tolls									\$ -	
Taxi									\$ -	
Tips									\$ -	
<b>Business Meals</b>										
Breakfast									\$ -	
Lunch									\$ -	
Dinner									\$ -	
Business meals for others									\$ -	
<b>Lodging</b>										
Lodging									\$ -	
Telephone									\$ -	
Other (Explain below)									\$ -	
Miscellaneous (Explain below)									\$ -	
<b>Daily Totals</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Explain-Other/Misc:</b>									<b>Total Expenses</b>	\$ -

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:				DISTRIBUTION			
				ACCOUNT #	CODE	DESCRIPTION	AMOUNT
						ACCOUNTS PAYABLE	
						Checked	<input type="checkbox"/>
						Approved	<input type="checkbox"/>