

The Lutheran Theological Seminary
7301 Germantown Avenue Philadelphia, PA 19119
(215) 248-4616

EXPENSE VOUCHER

Name (print) _____

Street _____

City _____ State _____ Zip _____

Period covered by this voucher: _____, 20__ to _____, 20__

Name and places of meeting(s) and/or activity (ies) covered by this voucher.

Fare (rail, air, bus, rental car) \$ _____

Cab, limousine, local transit, etc. _____

Auto, ____ miles @ 48.5¢ per mile
(mileage effective 1/1/07) _____

Tolls _____

Meals _____

Telephone, telegraph, fax, postage _____

Hotel, motel, etc. _____

Other expenses (specify) _____

Total Expenses \$ _____

Amount advanced (if any) _____

Less Advanced Amount \$ _____

Amount due person submitting voucher _____

Refunds due Seminary _____

Date Submitted _____

Signature

Attach appropriate supporting documentation.

For office use – account # _____