

WOMEN OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA
Nebraska Synodical Women's Organization



EXPENSE FORM

Please attach ALL receipts

FOR TREASURER'S USE

Amount Paid _____
Check No. _____
Date Paid _____
Approval _____

Date _____

Name _____

Mailing Address _____

City, State, Zip _____

E-mail Address _____

Your Conference Name _____

Date of Meeting _____

Purpose _____

_____ Spring Gathering _____ Executive Board _____ Other (explain) _____

_____ Committee _____ Convention _____

OPERATING EXPENSES

Separate expenses for different events – i.e. convention, Spring Gathering, etc.

Postage _____

Office Supplies _____

Miscellaneous (explain) _____

TOTAL \$ _____

TRAVEL

Car (\$0.55/mile) _____

Other _____

TOTAL \$ _____

FOOD

Meals _____

TOTAL \$ _____

LODGING

Place _____

Number of nights _____

TOTAL \$ _____

OTHER

Explain _____

TOTAL \$ _____

GRAND TOTAL \$ _____

Please submit to Nebraska Synodical Women's Organization Treasurer within thirty days of the event:

Julie Reiser
NSWO Treasurer
PO Box 64
Butte, NE 68722
nswotreasurer@gmail.com

I hereby certify that this report is a true statement of
expenses incurred.

Signature