

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



EXPENSE FORM

Please attach ALL receipts

FOR TREASURER'S USE

Date _____
 Name _____
 Mailing Address _____
 City, State, Zip _____
 E-mail Address _____
 Your Conference Name _____
 Date of Meeting _____
 _____ Spring Gathering _____ Executive Board _____
 _____ Committee _____ Convention _____

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

OPERATING EXPENSES

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

Postage _____
 Office Supplies _____
 Miscellaneous (explain) _____

 TOTAL \$ _____

TRAVEL

Car (\$0.50/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
 nsw.o.treasurer@gmail.com

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

 Signature