

EXPENSE REPORT For Non-NAD Employees

Connecticut Valley Sevent-day Adventist Church 354 Foster Rd, South Windsor, CT 06074

Revised 7/2019

Last Name First Name Mailing Address City, State, Zip Phone # Email					CVAC Contact Persor CVAC Department CVAC Function #						
					Please	e complete, siç either to t	he church's ma	ailing address, or via	email treasurer@	Dept. Head pre-appro	t.org
Purpose of Travel					1		en ensure the s	signed form along w e format, and as a s	ith all the receipts a ingle email attachm	ust be taped on 8.5" X are scanned into an Ad eent.	
							TRAVEL EXPENSES				
TRAVEL DATE Month Day		LOCATION and/or EXPLANATION Mileage			Per Diem	* Car Rental *Gas	*Parking *Tolls	* Hotel *Lodging	Trip to/fr Airport *Travel Tickets	FOR FOREIGN TRAVEL ONLY	
				T OF BIOTH	*Taxi *Bus *Airport Shuttle	Tips	Hospitality	*Early Check-in *Baggage Fee	Foreign Currency	US \$ Equivalent	
		Total Miles			Entertained/Half Day - \$25		50 (1 or no meals covered); Partially 2 meals covered); Fully			Total	
		Rate per Mile TOTALS		0.42	Entertained - \$17 (3 meals c		covered)			US\$ Equivalent Total This Line — US\$	
					V		TOTAL TRAVEL BLIDG				
ccount	Name	Expense Acct#	For TREASURY Office Use Only Expense Acct # CVAC chk# CVAC date			nount	TOTAL TRAVEL BUDGET ITEMS — US\$ ↓ NON-TRAVEL EXPENSES ↓				
ccount Name		Expense Acct #	CVAC CIIK#	CVAC date	7.11	Amount		↓ NON-INA	ALL LAFEINS	LO ↓	
							TOTAL AMOUNT DUE TO NON-NAD EMPLOYEE – US \$				
						TOTAL AMOUNT DUE TO NON-NAD EMPLOTEE - US\$					
Verified By		Treasury Approval					Departmental Approval		Non-NAD Em	Non-NAD Employee Signature	
Cillied by							2 oparanona reprovar			-	Date Submitted