Travel Voucher

Synod of Albany

1790 Grand Boulevard

Schenectady, NY 12309

**Please complete Parts I, II and III.**

Form Updated March 2020

**Part I Trip Details**

A. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Reason for Travel (check one)

  Executive Committee

  Synod Ministries Board

  Nominations

  JB

  Personnel Committee

  Nominations

  Finance Committee

  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II Expenses**

A. Public conveyance (attach ticket stub or receipt) $ \_\_\_\_\_\_\_\_\_\_

B. Auto Rental: 1. Rental cost (attach receipts) $ \_\_\_\_\_\_\_\_\_\_

2. Gas for rental (attach receipts) $ \_\_\_\_\_\_\_\_\_\_

C. Personal Auto: 1. \_\_\_\_\_\_\_ miles at 57 cents per mile $ \_\_\_\_\_\_\_\_\_\_

D. Auto Related Expenses 1. Tolls (attach receipts) $ \_\_\_\_\_\_\_\_\_\_

2. Parking (attach receipts) $ \_\_\_\_\_\_\_\_\_\_

E. Lodging required en route (Must be approved in advance)

1. Hotel/motel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach receipts) $ \_\_\_\_\_\_\_\_\_\_

Total Expenses (add Lines A-E) $ \_\_\_\_\_\_\_\_\_\_ Less \*\* (\_\_\_\_\_\_\_\_\_)

Requested Reimbursement Total $ \_\_\_\_\_\_\_\_\_\_ *\*\* Albany Synod is attempting to reduce expenses. Persons submitting travel vouchers may choose to help by not requesting full expense reimbursement.*

**Part III Person Submitting** (please print)

Pay to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Part IV**

Authorization Budget Code: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Authorized for Payment Date Paid: \_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_