

## Louisville Presbyterian Theological Seminary Expense Report Form

*Receipts must be attached in order to qualify reimbursement as non-taxable income.  
A check request form must be completed, signed by an LPTS official, and submitted with this form.*

Name \_\_\_\_\_ Date \_\_\_\_\_ Charge Acct. # \_\_\_\_\_

Name of Meeting/Activity and Location \_\_\_\_\_

Date(s) of the Meeting/Activity \_\_\_\_\_

### **TRAVEL EXPENSES**

### **AMOUNT**

- |  |       |
|--|-------|
| 1. *Airline. <input type="checkbox"/> (Check if charged thru LPTS.)              | _____ |
| 2. Car. \$0.555 per mile _____ (# of miles)                                      | _____ |
| 3. <input type="checkbox"/> Taxi. <input type="checkbox"/> Car Rental.           | _____ |
| 4. Other. _____  | _____ |
| 5. Tolls.  | _____ |
| 6. Travel Insurance. (if required)   | _____ |
| 7. Housing Costs. (# of nights _____)  | _____ |
| 8. Food Costs.   | _____ |
| 9. Registration or Conference Fees.  | _____ |
| 10. Tips.  | _____ |
| 11. Miscellaneous Costs.   | _____ |
| 12. Telephone Costs. <input type="checkbox"/> (Check if charged on credit card.) | _____ |
| 13. Total Cost of Trip.  | _____ |
| 14. Less charged to LPTS. _____  | _____ |
| 15. Less advance made by LPTS. _____   | _____ |
| 16. Less payment made by other agency. _____                                     | _____ |
| 17. TOTAL of lines 14, 15, and 16.   | _____ |
| 18. If line 17 is LESS than line 13, <i>additional payment due</i> .             | _____ |
| 19. If line 17 is MORE than line 13, <i>refund due LPTS</i> .                    | _____ |

\* Did you use the tax exemption form?  
 Yes  No

Save one copy for your income tax records.

\_\_\_\_\_  
Signature of person requesting reimbursement.

\_\_\_\_\_  
Signature of LPTS official approving request.