

St. Paul Lutheran Church
Travel / Activity Plan Form

Submit to Director of Church Administration before you sign up for conferences, activities or mission trips.

Name: _____

Description of Travel/Activity: _____

Date(s) of participation: From: _____ To: _____

This is submitted for (v): *(Please give approximate costs if known.)*

Conferences/Activities: Full-time Staff, Part-time Staff or Lay Leaders

- Registration Fees \$ _____
- Lodging Fees \$ _____
- Meals *(see policy for allowances)* \$ _____
- Mileage *(over 40 miles from church we will use the IRS Charitable travel reimbursement amount.)* \$ _____
- Other: \$ _____

Mission Trips (for leaders not participants)

- Student Mission Trips: Leaders/chaperones will pay a minimum of \$25 out of pocket but not more then 10% of the trip cost.
Approximate Expense: \$ _____
- Adult Mission trip leaders would pay the same as participants.

Please attach a copy of registration form/conference/activity flier

Approval:

Director of Church Administration

Date

**REMEMBER TO TURN IN RECEIPTS TO TREASURER'S ASSISTANT
ALONG WITH A COPY OF THIS FORM.**

Form x103

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