

Meeting Expense Voucher Reimbursement Guidelines

1. The Synod of the Sun is committed to good stewardship in selecting meeting sites and locations. It reimburses reasonable and necessary expenses to those who attend approved functions of the Synod. The Synod of the Sun also expects those who attend to practice good stewardship regarding expenses that might be incurred and reimbursed to them.
2. Reimbursement is made for lowest airfare (*reasonable price status with one checked bag*), mileage, or rental (plus fuel). Auto mileage is reimbursed at the rate of 70 cents per mile plus 5 cents per person for each of the first two additional passengers.
3. Housing:
 - a. Economical and convenient locations are to be used when possible.
 - b. Normally, the Synod office arranges meeting rooms, hotel, and meals.
4. Synod reimburses up to \$40 per event for expenses such as food, tips and other necessary travel expenses aside from airfare or mileage. Alcohol is not to be included. Expenses are to be for the individual only, not a group.
5. **All available receipts and bills should accompany any voucher.**

Dependent Care Policy

1. Commissioners/Attendees may include the cost of dependent care under the following circumstances:^{[[SEP]]}
 - a. The dependent is a child under the age 18 or an adult dependent requiring care, and is the responsibility of the commissioner/attendee.^{[[SEP]]} The care replaces that which is normally provided by the commissioner/attendee or supplements care at the assembly.
 - b. The expenses do not exceed \$400 per dependent or \$200 per additional dependent.
2. Acceptable expenses may include, but are not limited to:
 - a. Employment of a part-time sitter at the commissioner/attendee's home or at the assembly.
 - b. The cost of care at a child or adult care center over and above that which is ordinarily ^{[[SEP]]}incurred when the commissioner/attendee is at home; ^{[[SEP]]}
 - c. The cost of transporting a family member or other trusted person to the commissioner/attendee's home or to the assembly to provide dependent care; ^{[[SEP]]}
3. Notice and Approval from the Synod office prior to the assembly of this need by the commissioner/attendee.

If out-of-pocket expenses will prove a deterrent to your attendance of a synod assembly, please contact synod staff in advance for assistance with booking travel.

Meeting Expense Voucher

Participant Name: _____

Additional Participant Names: _____

Send reimbursement to (if other than participant): _____

Address: _____

Event: _____ Event date: _____

Please Check One:

- ☐ I wish to donate these expenses as a contribution to the Synod. Please send a written acknowledgement of this amount.
- ☐ I wish to be reimbursed for these expenses.

Office Use Only:

Approved by: _____

Charge to Account: _____

Expenses	Amount
Automobile miles times <u>.70</u> cents per mile (50¢/mile for the driver and 5¢/mile for each of the first two additional passengers)	
Airplane Fare	
Taxi, Shuttle, Bus Fare	
Motel/Hotel Room	
Committee Meals, Gratuities	
Tolls and Parking	
EP Contribution (<i>where applicable</i>)	
Less Single Room Expense (1/2 of room cost)	
Dependent Care Expenses	
Total Expenses	

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Signature _____