

**ENGLISH DISTRICT LCMS
Travel Reimbursement**

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Zone: _____

Church: _____ Church City/State: _____

E-Mail: _____ Telephone: _____

PLEASE FILL IN APPLICABLE SHADED AREAS. (We will make calculations.)	
Please check one:	<input type="checkbox"/> Air Airfare = \$
	<input type="checkbox"/> Car Miles/Km = \$ _____ (Round-trip mileage)
	Tolls = \$
<i>Please include a comparable airfare quote when requesting mileage reimbursement.</i>	
Other (please itemize) _____	= \$
Other (please itemize) _____	= \$
	TOTAL \$ _____

PLEASE INCLUDE ALL RECEIPTS
(Meals during travel NOT reimbursable)

List Passengers NOT for reimbursement purposes):

Signature

Date

For office use only

Approved by

Account

Return form to: English District LCMS
33100 Freedom Road
Farmington, MI 48336-4030
FAX: 248-476-0188