

**REQUEST FOR TRAVEL REIMBURSEMENT**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Church: \_\_\_\_\_ Church City/State: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

PLEASE FILL IN APPLICABLE SHADED AREAS.			
<u>Please check one:</u>			
<input type="checkbox"/>	Air/Train/Bus		Airfare = \$ _____
	OR		
<input type="checkbox"/>	Car:		
	1) Mileage _____	Roundtrip Miles (\$.70) or Km (\$.66)	\$ _____ <b>1</b>
	2) Rental Car/Fuel	Attach receipts	\$ _____ <b>2</b>
	3) Comparable Airfare	Attach	\$ _____ <b>3</b>
	OR		\$ _____
	4) Fuel (OPTIONAL)	Attach receipts	\$ _____ <b>4</b>
	Lowest of lines 1, 2, or 3 OR optional line 4		Car = \$ _____
			Tolls (attach receipts) = \$ _____
	Other (attach receipt)	_____	= \$ _____
	Other (attach receipt)	_____	= \$ _____
	<i>(Meals during travel are NOT reimbursable)</i>		TOTAL \$ _____

**\*PLEASE INCLUDE ALL RECEIPTS\***

List Passengers (NOT for reimbursement purposes):

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For district office use only**

Approved by \_\_\_\_\_

Account \_\_\_\_\_

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