

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 (\$.725) or Km (\$.66)	\$ _____ 1
	2) Rental Car/Fuel	Attach receipts	\$ _____ 2
	3) Comparable Airfare	Attach	\$ _____ 3
	OR		\$ _____
	4) Fuel (OPTIONAL)	Attach receipts	\$ _____ 4
	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