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.

Please check one:

☐ Air/Train/Bus — Airfare = $ _____

OR

☐ Car:

1) Mileage _____	Roundtrip Miles ($.76) or Km ($.66)	$ _____	**1**
2) Rental Car/Fuel	Attach receipts	$ _____	**2**
3) Comparable Airfare	Attach	$ _____	**3**
OR		$	
4) Fuel (OPTIONAL)	Attach reciepts	$ _____	**4**

Lowest of lines 1, 2, or 3 OR optional line 4 — Car = $ _____

Tolls (attach receipts) = $ _____

Other (attach receipt) _____ = $ _____

Other (attach receipt) _____ = $ _____

(Meals during travel are NOT reimbursable) — 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