

FOR THE GENERATIONS TO COME

SYNOD CONVENTION 2019

Delegate Expense Reimbursement Form Wisconsin Evangelical Lutheran Synod

Please refer to the delegate information booklet for guidelines regarding expense reimbursement. Only allowable expenses as listed in the guidelines will be reimbursed.

**Please submit your reimbursement request by September 1, 2019.
Include supporting documents/receipts (copies permitted). Submit to:**

Wisconsin Evangelical Lutheran Synod
ATTN: Carla Martin
N16W23377 Stone Ridge Dr.
Waukesha, WI 53188
Fax: 262-522-2800
E-mail: carla.martin@wels.net

1. Ground Travel: *Actual gas expenditure will be reimbursed. Please attach receipts.*

Traveling from _____ to _____

Total amount in gas receipts = \$ _____

2. Airfare: *Please include a copy of your invoice.*

Total ticket cost: \$ _____

3. TOTAL AMOUNT OF REQUESTED REIMBURSEMENT: \$ _____

Please print

Payee: _____

Street: _____

City/State/Zip: _____

For Office Use Only

Total approved reimbursement: \$ _____

Account # 101-6200-4-07-090

Approved by: _____ Date: _____