

# Here we **STAND**

66TH BIENNIAL CONVENTION OF THE  
WISCONSIN EVANGELICAL LUTHERAN SYNOD

## Delegate Expense Reimbursement Form

*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, 2021.  
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

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

A. Traveling from \_\_\_\_\_ to \_\_\_\_\_

B. 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:** \_\_\_\_\_

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*For Office Use Only*

Total approved reimbursement: \$ \_\_\_\_\_

Account # 101-6200-4-07-090

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_