



**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 NO LATER THAN SEPTEMBER 1, 2015.
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.*

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: _____

For Office Use Only

Total approved reimbursement: \$ _____

Account # 101-6200-4-07-090

Approved by: _____

Date: _____