Evangelical Lutheran Synod

6 Browns Court
Mankato, Minnesota 56001

Expense Reimbursement Form

Issue check to: _____

Street Address: _____

City / State / Zip: _____

Please Include Receipts with Request

			Mileage			Meals					
Date	Purpose	Board or Committee Assignment	Miles	Amount	Lodging	Brkfst	Lunch	Dinner	Airfare & Car Rental	Other	Total
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
				$ 0.00							$ 0.00
										Reimburseable Expenses:	$ 0.00
										Cash Advance:	
										Reimbursement Due:	$ 0.00

By entering my name in this form, I certify that the above expenses were incurred on authorized Evangelical Lutheran Synod business.

SIGNATURE (ENTER NAME) _____ **DATE** _____

APPROVED _____

If you have no receipts to include, save this form and email as an attachment to: keithw@blc.edu

If you are submitting receipts, please print this form and submit it with the receipts.