



6 Browns Court
Mankato, Minnesota 56001

Expense Reimbursement Form

Issue check to: _____

Street Address: _____

City / State / Zip: _____

Please Include Receipts with Request

Date	Purpose	Board or Committee Assignment	Mileage .44 per mile		Lodging	Meals			Airfare & Car Rental	Other	Total	
			Miles	Amount		Brkfst	Lunch	Dinner				
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
				\$							\$	
											Reimbursable Expenses:	\$
											Cash Advance:	
											Reimbursement Due:	\$

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.