



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 .41 per mile |        | Lodging | Meals  |       |        | Airfare & Car Rental | Other | Total |
|-------------------------------|---------|-------------------------------|----------------------|--------|---------|--------|-------|--------|----------------------|-------|-------|
|                               |         |                               | Miles                | Amount |         | Brkfst | Lunch | Dinner |                      |       |       |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
|                               |         |                               |                      | \$     |         |        |       |        |                      |       | \$    |
| <b>Reimbursable Expenses:</b> |         |                               |                      |        |         |        |       |        |                      |       | \$    |
| <b>Cash Advance:</b>          |         |                               |                      |        |         |        |       |        |                      |       |       |
| <b>Reimbursement Due:</b>     |         |                               |                      |        |         |        |       |        |                      |       | \$    |

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.