Evangelical Lutheran Synod

6 Browns Court
Mankato, Minnesota 56001

Expense Reimbursement Form

EXPENSES MAY NOW BE SUBMITTED ONLINE WITHOUT THIS FORM.
Go To: els.org/expenses

Issue check to: _____

Street Address: _____

City / State / Zip: _____

Please Include Receipts with Request

			Mileage .50 per mile			Meals					
Date	Purpose	Board or Committee Assignment	Miles	Amount	Lodging	Brkfst	Lunch	Dinner	Airfare & Car Rental	Other	Total
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
				$							$
										Reimburseable 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: mmeunier@blc.edu

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