



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		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.