Expense Reimbursement Form

Call Facilitators

Please submit to the Synod Business Manager at ***invoice@nwos-elca.org***
Checks will be mailed to your address on file within two weeks.

Name: _____

Conference: _____

Month:_____

Date	Miles	Description
Total Miles:	0	To be reimbursed ($0.67/mile): $ 0.00

Date	Stipend Description	Total
	Total:	$ 0.00

Grand total to be reimbursed: $0.00

(Office Use Only)

Approved By: Date: Fund/Budget: