



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:		To be reimbursed (\$0.67/mile): \$

Date	Stipend Description	Total
		Total: \$

Grand total to be reimbursed: \$ _____

(Office Use Only)

Approved By: _____

Date: _____

Fund/Budget: _____