

Southeastern Minnesota Synod, ELCA
Assisi Heights
1001 14th Street NW, Suite 300
Rochester, Minnesota 55901-2551

Date _____

EXPENSE VOUCHER

Synod Business _____

Name _____

Mailing Address _____

City/State/Zip _____

Travel Cost:

Round trip of _____ miles @ \$0.53.5/mile (car travel) \$ _____

Other Expenses (please itemize):

_____ \$ _____

_____ \$ _____

Total \$ _____

* Please deduct from the amount of my expense the sum of \$ _____ which I am hereby making as a contribution to the Southeastern Minnesota Synod. (A copy of this voucher will be sent to you for your records.)

* Less my contribution \$ _____

Net to be reimbursed \$ _____

Signature _____

For Synod Office Use Only:

Account Number _____

By Check number/amount _____

Southeastern Minnesota Synod, ELCA
Assisi Heights
1001 14th Street NW, Suite 300
Rochester, Minnesota 55901-2551

Date _____

EXPENSE VOUCHER

Synod Business _____

Name _____

Mailing Address _____

City/State/Zip _____

Travel Cost:

Round trip of _____ miles @ \$0.53.5/mile (car travel) \$ _____

Other Expenses (please itemize):

_____ \$ _____

_____ \$ _____

Total \$ _____

* Please deduct from the amount of my expense the sum of \$ _____ which I am hereby making as a contribution to the Southeastern Minnesota Synod. (A copy of this voucher will be sent to you for your records.)

* Less my contribution \$ _____

Net to be reimbursed \$ _____

Signature _____

For Synod Office Use Only:

Account Number _____

By Check number/amount _____