

Request for Reimbursement of 2018 District Convention Lodging Expense

Make reimbursement check payable to:

Name	
Address	
City/State/Zip	

**Indiana District - LCMS
1145 South Barr Street
Fort Wayne, IN 46802-3180**

**260-423-1511
800-837-1145**

Date Requested (mm/dd/yy)

District Acct. #

Congregation Name	
Congregation address:	

Qualifying Delegate types:	<i>Delegate name(s)</i>
Voting Pastor	
Voting Lay	
Advisory	

# of Qualifying Delegate Hotel Nights	0
Lodging Reimbursement	\$0.00
<i>Number of qualifying room nights x \$75.00 (Please include copy of paid hotel receipt)</i>	
Less Amount Contributed to District <small>(A confirmation notice of your contribution will be sent for your tax purposes)</small>	<small>(Enter as a negative amount)</small> _____
Total Expense Reimbursement	\$ -

5. Traveler's Signature _____ **Date** _____

6. District - Approval Signature _____ **Date** _____

Office Use Only	
Approval	_____
Date Entered	_____
Date Paid	_____
Check No.	_____