

Request for Reimbursement of 2022 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

Date Requested (mm/dd/yy)

District Acct. #

Congregation Name	
Congregation address:	

Qualifying Delegate types:	Delegate name(s)	Indicate who stayed in this room with an "X"
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 <i>(A confirmation notice of your contribution will be sent for your tax purposes)</i>	(Enter as a negative amount)
Total Expense Reimbursement	\$ -

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

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

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