

# EXPENSE REIMBURSEMENT VOUCHER

*The South Dakota District of  
The Lutheran Church - Missouri Synod*

NAME \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_, 2018  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_  
OFFICE HELD: \_\_\_\_\_ Charge to Account # \_\_\_\_\_

DATE	WHERE TO	WHAT	Miles @ .545	Meals	Motel	Supplies	Misc.	Total	Optional Donation

*Please submit statement with receipts to District Business Office.*

Signature \_\_\_\_\_ GRAND TOTAL \_\_\_\_\_

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