EXPENSE REIMBURSEMENT VOUCHER

South Dakota District of the LCMS

3501 S Gateway Blvd, Sioux Falls, SD 57106-1557

NAME ADDRESS CITY,STATE,ZIP				DATE SUBMITTED: , 2024 PURPOSE OF EXPENSES: Account #						
DATE	WHERE TO	WHAT	Miles @.67/mi	Meals	Motel	Supplies	Misc.	Total	Optional Donation	
Please subm	it statement with rec	reipts to District Bi	usiness Offic	<u> </u>						
Signature				GRAND TOTAL \$						
		ENSE REIN South Dak 501 S Gateway L	ota Distr	ict of th	he LC	MS				
NAME ADDRESS					DATE SUBMITTED: , 2024 PURPOSE OF EXPENSES:					
CITY,STAT	E,ZIP				Ac	count #			_	
DATE	WHERE TO	WHAT	Miles @.67/mi	Meals	Motel	Supplies	Misc.	Total	Optional Donation	
									1	

Please submit statement with receipts to District Business Office.

Signature	GRAND TOTAL	\$
Signature	GRAND I UTAL	3