

EXPENSE REIMBURSEMENT VOUCHER

South Dakota District of the LCMS

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

NAME _____	DATE SUBMITTED: _____, 2024
ADDRESS _____	PURPOSE OF EXPENSES: _____
CITY,STATE,ZIP _____	Account # _____

DATE	WHERE TO	WHAT	Miles @.67/mi	Meals	Motel	Supplies	Misc.	Total	Optional Donation

Please submit statement with receipts to District Business Office.

Signature _____	GRAND TOTAL \$ _____
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