

EXPENSE REIMBURSEMENT VOUCHER

South Dakota District of the LCMS

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

NAME _____				DATE SUBMITTED: _____, 2025					
ADDRESS _____				PURPOSE OF EXPENSES: _____					
CITY,STATE,ZIP _____				Account # _____					
DATE	WHERE TO	WHAT	Miles @.70/mi	Meals	Motel	Supplies	Misc.	Total	Optional Donation

Please submit statement with receipts to District Business Office.

Signature _____

GRAND TOTAL \$

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