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: , 2025 PURPOSE OF EXPENSES: Account #					
DATE	WHERE TO	WHAT	Miles @.70/mi	Meals	Motel	Supplies	Misc.	Total	Optional Donation
	-			1/10415	1/10001	<u> Бирриез</u>	112300	1000	
			+						
Please subm	it statement with rece	eipts to District B	usiness Offic	e.			_		
Signature	Signature			GRAND TOTAL \$					
		ENSE REIN South Dak 01 S Gateway I	ota Distri	ict of th	ie LCA	MS			
NAME				DA'	TE SUBM	IITTED:			, 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	\$
Signature	GILLI (D I O I I L	Ψ