EXPENSE REIMBURSEMENT VOUCHER

South Dakota District of the LCMS

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

NAME _____ **DATE SUBMITTED:** _____ **, 2026**

ADDRESS _____ **PURPOSE OF EXPENSES:** _____

CITY,STATE,ZIP _____ **Account #** _____

DATE	WHERE TO	WHAT	Miles @.76/mi	Meals	Motel	Supplies	Misc.	Total	*Optional Donation*

Please submit statement with receipts to District Business Office.

Signature _____ **GRAND TOTAL** $

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