

REIMBURSEMENT REQUEST / EXPENSE VOUCHER

North/West Lower Michigan Synod - ELCA
2740 Fuller Ave. NE, Grand Rapids, MI 49505-3746
Phone: (517) 321-5066
Website: www.mittensynod.org

Date _____

Payable to _____

Purpose _____

Travel expenses	Beg Odometer	End Odometer	# miles driven
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
		Total miles	\$ -
2026 Rates (Professional = \$0.76; Volunteer = \$0.14)			
Total mileage amount		(# miles x rate)	\$ -

Other (describe below and attach receipts)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total other expense	\$0.00

TOTAL MILEAGE AND EXPENSES **0.00**

Requested by _____
(initials)

Approved by _____
(initials)