



CHRIST THROUGH US

SYNOD CONVENTION 2025

Delegate Expense Reimbursement Form

Please refer to the convention information booklet for guidelines regarding allowable expense reimbursement and restrictions.

Please submit your reimbursement request by **September 15, 2025.**

Include supporting documents/receipts (copies permitted).

Submit to: Wisconsin Evangelical Lutheran Synod
ATTN: Carla Martin
N16W23377 Stone Ridge Dr
Waukesha WI 53188
carla.martin@wels.net

1. Ground travel: *Actual gas expenditure will be reimbursed. Please attach receipts.*

A. Traveling from _____ to _____

B. Total amount in gas receipts: \$ _____

2. Airfare: *Please include a copy of your invoice.*

Total ticket cost: \$ _____

Total of requested reimbursements: \$ _____

Payee: _____

Street: _____

City/State/Zip: _____

For Office Use Only

Total approved reimbursement: \$ _____ Account # 101-6200-4-07-090

Approved by: _____ Date: _____