

Southeastern MN Synod, ELCA
418 Sumner Street East
Suite 200
Northfield, MN 55057

Date _____

2026 Expense Voucher

Synod Business _____

Name _____

Mailing Address _____

City/State/Zip _____

Travel Cost:

Round trip of _____ miles @ 72.5 cents/mile (car travel)

Other Expenses (please itemize):

_____ \$ _____
_____ \$ _____
Total \$ _____

* Please deduct from the amount of my expense the sum of \$ _____ which I am hereby making as a contribution to the Southeastern Minnesota Synod. (A copy of this voucher will be sent to you for your records.)

* Less my contribution \$ _____

Net to be reimbursed: \$ _____

Signature: _____

For synod office use only:

Account Number _____

Memo _____

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