

REIMBURSEMENT REQUEST
(Receipts must be attached)

Name _____

CALLED Pastor's Family Convention
June 21-24, 2019 - Lexington, Kentucky

CALLED Registration		\$ _____	<i>for office use only</i>
Travel			
Either	# miles	_____	
	Tolls	_____	
	Parking	_____	
Or	Flight cost	_____	
Travel Sub-total		\$ _____	
Lodging			
Hotel(s)		\$ _____	
Meals		\$ _____	
			Paid 2019 (Prepaid)
			Paid 2020 (200. .)
CALLED Reimbursement Requested		\$ _____	\$1,000 MAXIMUM
			\$500 P/T Pastor

GENERAL CONFERENCE SESSION
Indianapolis, Indiana

Travel			<i>for office use only</i>
Either	# miles	_____	
	Tolls	_____	
	Parking	_____	
Or	Flight cost	_____	
Travel Sub-total		\$ _____	
Lodging			
Hotel(s)		\$ _____	
Meals		\$ _____	
			Paid 2020 (200. .)
GC Reimbursement Requested		\$ _____	\$500 MAXIMUM

<i>for office use only</i>	CALLED GC Session	
	Total Reimbursement	\$ _____

Receipts must accompany this form to receive reimbursement