



# REQUEST FOR DISBURSEMENT

Texas-Louisiana Gulf Coast Synod  
7822 Northline Drive  
Houston, TX 77037-4424

Request date: \_\_\_\_\_

**Payment by check** of invoice or statement related to the purchase of goods or services.

Invoice Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

Account #	Account Name	Amount	Comment
<b>Check Total</b>		\$ -	

Notations: On check face: \_\_\_\_\_  
(35 characters max)

Accounting Month: \_\_\_\_\_

**Reimbursement by check** of expenses incurred synod ministry. **ATTACH ORIGINAL RECEIPTS.**

(Complete all areas identified in yellow)

Dates				Totals	Account #
Lodging				\$ -	
Meals				\$ -	
Mileage (per mile)					
\$ 0.560	\$ -	\$ -	\$ -	\$ -	
Volunteer Mileage (per mile)				\$ -	
\$ 0.140	\$ -	\$ -	\$ -	\$ -	
				\$ -	
				\$ -	
<b>Reimbursement Total</b>				\$ -	

In lieu of reimbursement of the above amount due, I would like to make a contribution to the Texas-Louisiana Gulf Coast Synod in like amount. \_\_\_\_\_

**Please make check payable to:** \_\_\_\_\_ **Mail to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**W-9 Request for Taxpayer Info**

Required-please enclose form with check

On File

Already Requested

Not Required (payment not for service)

Check here if NEW Vendor

Special Instructions: \_\_\_\_\_

**Requested by:** \_\_\_\_\_  
Name & Title Signature

**Approved by:** \_\_\_\_\_  
Name & Title Signature

Posted: \_\_\_\_\_ Invoice # \_\_\_\_\_



# Texas-Louisiana Gulf Coast Synod

## Evangelical Lutheran Church in America

God's work. Our hands.

### Ministry Leaders Reimbursement Policy

Expenses incurred while doing ministry on behalf of the Texas-Louisiana Gulf Coast Synod will be reimbursed as follows:

- Please check with the appropriate staff member before incurring expenses for reimbursement on behalf of the synod.
- To request a reimbursement, please fill out the synod's Reimbursement Form found on the synod website under Leaders/Forms & Admin. Once completed, please submit the form to the staff member responsible for the ministry area of the budget, and he/she will complete the account number section on the form for you.
- All reimbursements should include the original, itemized receipt. A credit card statement alone may not be acceptable.
- Request for reimbursement must be submitted no later than 4 weeks after expenses were incurred.
- In lieu of reimbursement of your expense, we welcome your contribution/donation of like or less amount, and we will provide you with documentation of your donation for tax purposes.

Reimbursable expenses include:

#### Air Travel

- If you are booking your own flight, we recommend that flights be booked 5-7 weeks in advance, or at least 4 weeks in advance, to get the most economical rate for the trip. You will be reimbursed at the lowest fare that could have been secured. You may be responsible for paying the difference.
- Up to 1 baggage fee reimbursed, unless pre-approved.
- If your flight is more than \$300, please check with the appropriate staff person prior to booking.
- Airport or hotel shuttles are to be used when available to take you to and from the airport. We would be happy to provide airport pickup for arrivals into Houston whenever possible. Use taxis and rental cars only as a last resort.
- Please use the most economical option for airport parking.

#### Lodging & Meals

- If meals are not provided at the meeting you are attending, you may include the cost of moderately priced meals (no more than \$15 per person lunch and \$25 per person for dinner) including tips. Please include itemized receipt. Alcohol is not reimbursed.
- If paying for more than yourself, list the names of others on the back of the receipt.
- Please book a hotel that provides complimentary breakfast, whenever possible.
- Lodging expenses must be pre-approved by staff person responsible for event.
- Lodging should be based on double occupancy in moderately priced facilities.
- Internet expenses at the hotel are generally not reimbursed.

#### Mileage

- Mileage will be reimbursed at the IRS rate for that time period (listed for you on the Reimbursement Form). Please indicate the date of the miles driven and the purpose of the trip. When possible, please carpool.

**Thank you for your service**

Updated October 2021