

Circuit Visitor Reimbursement Voucher – Southern Illinois District, LCMS

Please attach all receipts for expenses incurred. We must have receipts for reimbursements.

Date of Request: _____

Name: _____

Full Address: _____

Expenses for the Month of: _____

Date	Description (Destination / Nature of Expense / Reason for Trip)	Miles Driven	Cost of Mileage (Reimbursement at Current IRS Rate of \$0.70)	Cost of Other Expenses (Receipt Required)	Subtotal of Costs
Current IRS Mileage Rate			Total Reimbursed to CV :		

This section to be completed by Southern Illinois District.

Approved by: _____

Date Approved: _____

Southern Illinois District
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