

**ELCA - Grand Canyon Synod  
Council Travel Reimbursement Request**

**Description:** Mileage - \_\_\_\_\_ Hotel - \_\_\_\_\_

Airfare - \_\_\_\_\_ Parking - \_\_\_\_\_

**Pay to:** \_\_\_\_\_ *(attach receipts)*

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<u>ACCOUNT (Fund, Expense, Ministry)</u>	<u>Amount</u>
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01-741-560	
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**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[Return to Kim](#)

1819 E. Morten Ave., Suite 100A, Phoenix, AZ 85020

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