

Reimbursement Request for 2007 Synod Assembly Expenses

The following, upon their request, may be reimbursed by the Indiana-Kentucky Synod Council for designated expenses related to the annual Synod Assembly:

- Retired Associates in Ministry, Deaconesses, Diaconal Ministers, and Pastors;
- Rostered leaders of the Indiana-Kentucky Synod who serve under call in institutional, military and campus ministry settings.

Reimbursement may be requested for:

- Cost of a shared, double room if the rostered leader resides at least 60 miles from the assembly site (singles and rooms shared with spouses may be reimbursed at ½ the total cost of the room);
- Round trip mileage within the synod at the current synod volunteer reimbursement rate;
- Meal offset allowance for breakfast (\$5.00) and/or lunch (\$6.00).

NOTE: This form must be submitted to the Synod Office no more than 30 days from the conclusion of the assembly for consideration of the request for reimbursement.

Synod congregations in need of assistance with Synod Assembly expenses may request the following:

- Round trip mileage within the synod at the current synod volunteer reimbursement rate;
- Meal offset allowance for breakfast (\$5.00) and/or lunch (\$6.00) for each voting member from the congregation;
- Waiver of the registration fees for voting members of the congregation.

Requests for waiver and/or reimbursement of these costs must be submitted in writing to the Synod Council Executive Committee (care of the synod office) by May 10, 2007. The request should include a rationale for making the request. Waivers and reimbursements may be granted, at the discretion of the Synod Council Executive Committee.

NAME(s) _____

ADDRESS _____

PHONE (____) _____ E-MAIL _____

CONG/AGENCY _____ CITY/STATE _____

Please attach all receipts as appropriate and return this form to the Synod office postmarked no later than July 10, 2007. Please fill out the information below before sending:

Mileage: _____ miles (roundtrip)
Actual sleeping room cost: _____
Roommate: _____
Actual Saturday breakfast cost: _____
Actual Saturday lunch cost: _____
Actual Sunday breakfast cost: _____

Send to:
Indiana-Kentucky Synod, ELCA
911 E. 86th St., Suite 200
Indianapolis, IN 46240
Phone: 317-253-3522