**REQUEST FOR REIMBURSEMENT**

**IOWA DISTRICT EAST – LCMS**

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|  | **DATE:** |       |
| **NAME:** |       |
| **A****DDRESS:** |       |
| CITY, STATE ZIP: |       |

Itemize all expenses for which reimbursement of personal 'out-of-pocket' monies that were used to pay for District expenses (such as postage, supplies, fees, meeting refreshments, etc.) are being requested. List date and occasion for each expense, attach all receipts, and submit to the IDE District Office for approval and reimbursement.

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| **Account #** | **Date** | **Description** | Amount |
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| TOTAL REQUEST FOR REIMBURSEMENT = | **$0.00** |

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| **Requested by:** |  | **Approved:** |  |