



REQUEST FOR REIMBURSEMENT IOWA DISTRICT EAST – LCMS

DATE: _____

NAME: _____

ADDRESS: _____

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. All requests for reimbursements **must be made within 60 days** of the expense being incurred or paid.

Account #	Date	Description	Amount
TOTAL REQUEST FOR REIMBURSEMENT =			

Requested by: _____ Approved: _____