

Reimbursement Request for 2017 Synod Assembly Expenses

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

- Retired Rostered Ministers: Deacons and Pastors;
- Rostered ministers 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 for the two nights of the Assembly, 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 (½ the full IRS mileage rate); for those living outside the Indiana-Kentucky Synod, we will reimburse your miles from the point you enter either state in your travels to the Assembly;
- Meal offset allowance for breakfast (\$5.00) and/or dinner (\$7.00) during the Synod Assembly.

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 a waiver of the registration fees for voting members of the congregation. Requests for this waiver must be submitted in writing to the IN-KY Synod Council Executive Committee (care of the synod office), or via email to IN-KY Synod Council Secretary, Judy Bush (jatully@sbcglobal.net) by April 15, 2016. 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 5, 2017. Please fill out the information below before sending:

Mileage: _____ miles (roundtrip)

Actual sleeping room cost: _____

Roommate: _____

Actual Friday breakfast cost: _____

Actual Friday dinner cost: _____

Actual Saturday breakfast cost: _____

Send to:
Indiana-Kentucky Synod, ELCA
Attn: Heather Apel
911 E. 86th St., Suite 200
Indianapolis, IN 46240
Phone: 317.253.3522