

**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](#)

7227 N. 16th St., Suite 260, Phoenix, AZ 85020

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