

# WISCONSIN LUTHERAN SEMINARY

Travel Reimbursement Form  
2026 Celebration of Ministry

## GROW IN GRACE

PARTNERING WITH PASTORS

### PAYEE DETAILS

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

- I would like to receive reimbursement via EFT. I have submitted a direct deposit form.  
 I would like a check mailed to the address listed above.

### TRAVEL EXPENSES

Total Mileage \_\_\_\_\_ Mileage at 70 cents per mile \_\_\_\_\_

Parking & Tolls \_\_\_\_\_

Plane Fares \_\_\_\_\_

Taxi/Bus/Shuttle Fares \_\_\_\_\_

Other \_\_\_\_\_

TOTAL ELIGIBLE TRAVEL COSTS \_\_\_\_\_

*For costs exceeding \$350 per individual (\$700 per couple):  
Reimbursement = 50% × (Eligible Travel Cost – \$350 per individual / \$700 per couple)*

TOTAL REQUEST \_\_\_\_\_

*please attach receipts for all requested line items*

### FOR OFFICE USE ONLY

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

ALL ITEMS LISTED REQUIRE RECEIPTS AND/OR SUPPORTING DOCUMENTATION SINCE WLS HAS AN "ACCOUNTABLE" REIMBURSEMENT PLAN. THE ONLY EXCEPTIONS WOULD BE SMALL ITEMS UNDER \$25.00 WHERE IT IS NOT POSSIBLE TO GET A RECEIPT.

