

WISCONSIN LUTHERAN SEMINARY

Pastor Partner Mentee 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 _____

*100% reimbursement up to \$350 per individual (\$700 per couple). For costs exceeding these limits:
Reimbursement = 50% × (Eligible Travel Cost – \$350 per individual / \$700 per couple)*

Hotel for 2 nights _____

Other _____

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.

