

**THEOASIS
TRAVEL EQUALIZATION FORM
HAWAII ROSTERED LEADERS ONLY**

ROSTERED LEADER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONGREGATION/MINISTRY: _____ CITY: _____

Round-Trip Airfare Cost: \$ _____

Ground Transportation Cost: \$ _____

*If shared, please list names
of those you shared with:* _____

MAKE CHECK PAYABLE TO: _____

MAXIMUM TOTAL REIMBURSEMENT \$400 PER ROSTERED LEADER

Receipts must be submitted to receive reimbursement.

Photocopies of the receipt or airline ticket, showing the price paid, are acceptable. Airfare and ground transportation are eligible for reimbursement up to the maximum amount.

SEND TO:

Pacifica Synod – ELCA

ATTN: Terri Robertson

1801 C Parkcourt Place, Santa Ana, Ca 92701

Should you have any questions, please contact Terri Robertson at 714.692.2791

Amount Approved _____ Date Approved _____ By _____
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