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 ________________________

Revised 09.01.16