

EQUALIZATION FORM
HAWAII VOTING MEMBERS ONLY

VOTING MEMBER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE: _____

CONGREGATION: _____ CITY: _____

My Round-Trip Airfare Cost: \$ _____

Ground Transportation Cost: \$ _____

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

MAKE CHECK PAYABLE TO: _____

MAXIMUM REIMBURSEMENT \$450 PER VOTING MEMBER
Receipts must be submitted to receive reimbursement!

Photocopies of the bill or airline ticket, showing the price, are acceptable. You may use one form now for airfare and one after the Assembly for ground transportation (if you have not reached the \$450 maximum).

Please note: if reimbursement is made PRIOR to the Assembly and a voting member does NOT attend, the funds reimbursed MUST be returned to the synod.

PLEASE MAIL TO:
Pacifica Synod - ELCA
1801 Park Court Place, Bldg. C, Santa Ana, CA 92701

You may also scan this form and receipts and email to Terri Robertson at terrirobertson@pacificasynod.org.

Amount Approved _____ Date Approved _____ By _____