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 ________________________

Updated March 2022