



75th Convention – Southern District
Of
The Lutheran Church – Missouri Synod

Travel Equalization Voucher

Congregation: _____

Address: _____

City, ST Zip _____

Delegates attending the convention (Both Voting and Advisory) from your congregation

1. _____

2. _____

3. _____

4. _____

Congregation's Treasurer Signature

To be filled in by Southern District:

Reimbursement for the first 2 delegates \$ _____

Delegates over 2(____ x 10% reimbursement) \$ _____

Total Congregation Reimbursement \$ _____

ONLY 1 PER CONGREGATION SHOULD BE REMITTED