





The Florida-Georgia District, LCMS, Fall Pastors' Conference Hilton Daytona Oceanfront Resort - Daytona Beach, FL | September 22-24, 2025

Please complete this form and return it to the					
Designated Location at the conference or mail to:	Notes:				
Fall Pastors' Conference - Finance	1) If you do not submit your voucher at the conference, it must be submitted by mail before October 31, 2025.				
Florida-Georgia District			() 7'1 1 D' (CE'		
5850 T. G. Lee Blvd, Suite 500		2) If you have questions regarding this form, contact Laura Zirbel, Director of Finance and Administration, 407-258-5053 or lzirbel@flgadistrict.org			
Orlando, FL 32822	,		5 6		
		Status			
Name:		Pastor - serving a congregation(s) in the FL-GA District			
Address:		Pastor - serving a	Pastor - serving a congregation(s) in another District		
City, ST, Zip:		Retired Pastor - served in the FL-GA District 5(+) years			
Congregation:		Retired Pastor - s	Retired Pastor - served in another District		
Cong. City/ST:		/DCS/DCE/DCO	□ /DCS/DCE/DCO		
Please make reimbursement to self; or Church.		Other (Specify)	Other (Specify)		
Phone:	Email:				
	Reimbursable	Expenses			
Travel Expenses of "Active" Pastor		•			
NOTE: Additional riders in a van may be listed on back. Name(s) of Additional Riders:	Round Trip Miles:	@ on (Pastor, Vicar, DCE, o	0.30 per mile = \$ ttc.)		
1.		Miles	@ \$0.20 per mile = \$		
2		Miles	@ \$0.20 per mile = \$		
3		Miles	@ \$0.20 per mile = \$		
4		Miles	@ \$0.20 per mile = \$		
	Total A	Auto Travel Reimbur	sement Request: \$		
Travel Expenses of "Active" Pastor Airfare is reimbursed at 14-Day advance purchase, Please attach copy of your receipt.			id their conference assessment.		
Total Airfare Reimbursement Request: \$					
Emeritus Pastors (who have served in the Note: If you are serving (called and installed) in a congr you may receive travel equalization but then not this nig Check this box if you	regation (e.g. Interim) a ght's lodging (an individual are retired and request	nd the congregation has palual cannot receive both).	id their conference assessment, night's lodging, please attach receipt	t	
Signature:		I	Date:		
Shaded boxes are for Treasurer use only	Check #:	Date:	Date Mailed: Audit:		