

CIRCUIT VISITORS EXPENSES

	EXPE	NSES FOR TH	E MONTH OF:		
	NAME:	·			
	ADDRESS:				
Date	Miles	Destination	Reason for Trip	Other Expenses	TOTAL
				1	
Total Miles:		_@ \$0.70 = \$	758-830-	57	
Other Expenses: \$				758-830-57	
				Grand Total:	
MAIL TO: Missouri District LCMS				Please attach all	rocaint

Missouri District-LCMS 660 Mason Ridge Center Drive, Suite 100 St. Louis, MO 63141