



## Michigan District LCMS Grace Place Retreats Request for Reimbursement

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date(s) of Retreat attended \_\_\_\_\_

Congregation \_\_\_\_\_

Amount of registration fee paid \$\_\_\_\_\_

\_\_\_\_\_ My congregation is providing support for us to attend this retreat.  
Amount of support \$\_\_\_\_\_ (The CMGS will evaluate and reimburse accordingly.)

\_\_\_\_\_ My congregation is NOT providing financial support for us to attend this retreat.  
(The CMGS will reimburse half of registration fee.)

Please return this form to:  
Michigan District – LCMS  
Attn: Commission on Ministerial Growth and Support  
3773 Geddes Road  
Ann Arbor, MI 48105

Office Use Only  
Attended Conference Yes No

Check Sent to Attendee: Yes No

Date \_\_\_\_\_ Amount \_\_\_\_\_