



## Michigan District LCMS Grace Place Retreats Request for Reimbursement

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Congregation \_\_\_\_\_

\_\_\_\_\_ My congregation is providing support for us to attend this retreat.  
Amount of support \$\_\_\_\_\_

\_\_\_\_\_ My congregation is NOT providing support for us to attend this retreat.

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: Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_