



**2010  
SYNOD CONVENTION  
Reimbursement**

Phone: 877 457-5556 X 4

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Please print

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Travel** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

◆ Office Use Only

Date Requested \_\_\_\_\_

Amount sent \_\_\_\_\_

Recorded \_\_\_\_\_

By (initial) \_\_\_\_\_

Follow up info  
Requested \_\_\_\_\_

Ck Issued on \_\_\_\_\_

Check # \_\_\_\_\_

Please attach all receipts and mail to: Florida– Georgia District, LCMS  
Attn: Kathy Keene  
7207 Monetary Drive  
Orlando, FL 32809-5753

Fax: 407 857-5665  
Email kkeene@flga-lcms.org