

THEOASIS
TRAVEL EQUALIZATION FORM
HAWAII ROSTERED MINISTERS ONLY

ROSTERED MINISTER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONGREGATION/MINISTRY: _____ CITY: _____

Round-Trip Airfare Cost: \$ _____

Ground Transportation Cost: \$ _____

*If shared, please list names
of those you shared with:* _____

MAKE CHECK PAYABLE TO: _____

MAXIMUM TOTAL REIMBURSEMENT \$450 PER ROSTERED MINISTER

Receipts must be submitted to receive reimbursement.

Photocopies of the receipt or airline ticket, showing the dates, the price paid and traveler's name, are acceptable. Airfare and ground transportation are eligible for reimbursement up to the maximum amount.

SEND TO:

Pacifica Synod – ELCA

ATTN: Terri Robertson

1801 Park Court Place, Bldg. C, Santa Ana, Ca 92701

Should you have any questions, please contact Terri Robertson at 714.692.2791

Amount Approved _____ Date Approved _____ By _____