



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 _____