

MARTIN LUTHER COLLEGE
 PAYMENT REQUEST FORM to
 1995 Luther Court, New Ulm, MN 56073
 email: nti@mlc-wels.edu
 Fax: 507-354-8225

NEW TEACHER INDUCTION

State event type and date here:

Name of person or congregation
 to be reimbursed:

Address:

City/St/Zip:

MLC Account
 Code

6200 827150

Travel Expenses

(Includes food, beverage, tolls, car rental, and parking.)

Please attach receipts. Thank you!

801-6280-3-01-827-827150

Supplies

(Includes presenter printing and materials)

Please attach receipts. Thank you!

6201 827150

Mileage- .48 X _____ miles

6306 827150

Fees/Honoraria

(Includes Teacher Substitute - Synod rate 2.25.17= 110.87 daily)

6371 827150

Dues / Fees for Coursework

TOTAL:

Requested by (please print):

Signature (if emailed, not required):

Date:

NOTE: Please submit within 30 days after event.

March 2019

MLC Office Use Only

Authorized by _____