

REQUEST FOR EXPENSE REIMBURSEMENT

NAME _____

DATE _____

Conference, Program, or Activity
for which expense was incurred: _____

Date (s) Expense Incurred: _____

Program or Budget Covering Expenses: _____

***** EXPENSES *****

	Numbers	Receipts	Total Expense	Reimbursable Amt.
Meals: Breakfast (s)	()	_____	\$ _____	\$ _____
Lunch (es)	()	_____	\$ _____	\$ _____
Dinner (ers)	()	_____	\$ _____	\$ _____
Lodging: Nights	()	_____	\$ _____	\$ _____
Registration, Fees, Etc.		_____	\$ _____	\$ _____
Mileage: () X ()			\$ _____	\$ _____
Miles Rate per mile				

Other (Explain):

_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

- Appropriate receipts (original) and/or documentation should be attached (maintain copies for individual records)

Account Number: _____

Approval of Building or Program Administrator _____

_____ Date

COMMENTS: _____

- Approved - Prepare & Issue Check (In anticipation of Board Confirmation)
- Approved - Prepare for presentation with monthly Board Bills
- Denied - (Comments):

_____ Central Office Authorization

_____ Date

TOTAL PAID \$ _____