



Reimbursement Form

Mail check to:

Name:

Address:

Email:

Committee/Office:

Amount

Total

Travel Expenses:

Miles 0.535 mileage rate

Airfare: XXXXXXX 0

Tolls: XXXXXXX

Parking: XXXXXXX

Hotel: (cost per night) # nights

Meals: XXXXXXX max. \$50/day

Supplies: XXXXXXX

Other: XXXXXXX

Total

Attach a copy of all receipts and submit to the Treasurer within 1 month

FOR TREASURER'S USE ONLY

Paid:

Check #:

Amount:

Note:

* Reimbursement forms must be submitted within 30 days of the meeting with receipts

* Reimbursement is reviewed and authorized by the Treasurer and President

*** President and President-Elect are reimbursed for ALL expenses (Regional and National Conferences)**

*** Education Chair reimbursed for expenses for Regional Conference**

*** Secretary and Treasurer - half room rate for night of Regional Business meeting and the night preceeding, half room rate for 3 night National Conference**

*** Secretary , Treasurer and Education Chair reimbursed for National Conference Registration and cost of travel, up to \$400**

*** Committee Chairs - Half room rate for night of Regional Business meeting and night preceeding**

*** All Board Members and Committee Chairs reimbursed for travel expenses (mileage, tolls) to and from Regional Meeting**