

Reimbursement Form

Mail check to:

Name:

Address:

Email:

Committee/Office:

Amount

Total

Travel Expenses:

Miles

mileage
0.58rate

Airfare:

XXXXXXXX

Tolls:

XXXXXXXX

Parking:

XXXXXXXX

Hotel: (cost per night)

nights

Meals:

max.
XXXXXXXX\$50/day

Supplies:

XXXXXXXX

Other:

XXXXXXXX

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, President-Elect and One Education Chair are reimbursed for ALL expenses (Regional and National Conferences)**

*** Secretary and Treasurer reimbursed for registration, 2 hotel nights and up to \$400 maximum travel for National Conference**

*** Board Members and Committee Chairs -Reimbursed for night of regional Board Meeting, mileage and transportation costs for Regional Conference**