

REIMBURSEMENT/EXPENSE FORM

Type or Print in ink

Name of Requestor: _____ (Signature below)

Date: _____

Event for which Reimbursement is requested, including dates:

 _____ *Continued in Section II.*

Receipt(s) are attached.
 (behind this form)

YES NO

Check Payable To: _____

(explain in Section II)

I.

Program <small>(LAP or HLTA)</small>	REIMBURSEMENTS AND/OR EXPENSES	Amount
<input type="checkbox"/>	Hotel	\$
<input type="checkbox"/>	Travel	\$
<input type="checkbox"/>	- Mileage (_____ miles X \$.50) =	\$
<input type="checkbox"/>	- Tolls	\$
<input type="checkbox"/>	- Gasoline (If authorized for reimbursement)	\$
<input type="checkbox"/>	Food	\$
<input type="checkbox"/>	Equipment	\$
<input type="checkbox"/>	Supplies	\$
<input type="checkbox"/>	Administration	\$
<input type="checkbox"/>	Gift or Memorial (NAME: _____)	\$
<input type="checkbox"/>	Other <i>(explain in section II)</i>	\$
<input type="checkbox"/>	Other	\$
<input type="checkbox"/>	Other	\$
<input type="checkbox"/>	Other	\$

Amount for which Reimbursement/Expense is Requested **TOTAL:** \$ _____

LAP: Membership Involvement (MI) – Political Action (PA) – Community Outreach & Coalition Building (COCB) and Communications Media & Public Relations (CMPR)

II.

Description, Authorizations, Extenuating Circumstances and/or Additional Information:
(If Necessary)

X _____

III.

For Office Use Only	Reimbursement Amount: \$ _____, Paid By: _____ On: _____, Check Number: _____ <small>(identities of signers) (date)</small>	For Office Use Only
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