



Budgeted _____ Line Item _____
Unbudgeted _____ Approved by Treasurer/Finance Comm
Unbudgeted _____ See Unbudgeted Expense Policy

Date _____

EXPENSE REIMBURSEMENT FORM FOR YEAR _____

Each expense for which reimbursement is being requested must have a matched receipt attached to the reimbursement form.

NAME: _____

ADDRESS: _____

TRAVEL: _____ **DATE(S):** _____

ATTEND BOD MEETING: _____

OTHER: _____

TRAVEL FROM _____ TO _____

MILEAGE (Round Trip): _____ x 54 cents per mile = \$ _____

TRAVEL TYPE: _____ \$ _____

OTHER TRANSPORTATION COSTS: _____ \$ _____

ACCOMMODATION: _____ \$ _____

REGISTRATION: Conference _____ \$ _____

OTHER: _____ \$ _____

OTHER: _____ \$ _____

TOTAL AMOUNT REQUESTED \$ _____

***** FOR OFFICE USE ONLY *****

AMOUNT REIMBURSED: \$ _____

CHECK NUMBER: # _____

DATE CHECK ISSUED: _____

Unbudgeted but approved: Committee Chair: _____ SIGNATURE: _____

Approved: _____

Mail to: Treasurer, Patricia Burkhardt, LM, CM
49 Strong Place, Brooklyn, NY 11231

May 2017