

Expense Reimbursement Request

Date Submitted: _____

Name _____

In accordance with MAFCA reimbursement policies, I submit the following (detail attached):

Period Covered: _____ To _____

Meeting Attended: _____

Expenses:

Air Fare..... \$ _____

Mileage..... \$ _____

Lodging Per Night \$ _____ Days _____ \$ _____

Total \$ _____

Postage \$ _____

Telephone \$ _____

Photocopies..... \$ _____

Other \$ _____

Total \$ _____

GRAND TOTAL \$ =====

Signed: _____ Title: _____

Approved: _____ Date: _____

NOTES:

1. **Please furnish receipts for all expenses other than mileage and per diem items.**
2. President or Treasurer approval is required for non-budgeted (or over-budgeted) expenditures.
3. (www.irs.gov) mileage rate as of July 1 of current fiscal year.

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