



name  
address  
City, State Zip  
Phone (123) 456-7890 Ext: 0  
TM ID

**REQUEST FOR REIMBURSEMENT**  
District 40 2014 - 2015  
Position  
Division  
Area

8/14/14  
Date

*travel expenses - attach driving instructions*

Reimbursement

DATE(S) From/To	Purpose of Trip	Location From/To	Expense Codes	\$0.32/mi miles	Extended Amount
1 Thu 8/14		City, State Zip	7062	0	\$0.00
#N/A					
2					\$0.00
Costing:					
3					\$0.00
Costing:					
4					\$0.00
Costing:					
5					\$0.00
Costing:					

*expense reimbursements - postage, printing, envelopes & office supplies (attach receipts)*

Date	Purpose of Expenditure	Costing	Code	Expense
6				\$0.00
Costing:				
7				
Costing:				
8				
Costing:				
9				
Costing:				

Requestor's Signature & Date	Reimbursement Requested	Total <b>\$0.00</b>
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Send or scan/email Reimbursement Package to:  
Billy Meaders  
8012 Deersadow Ln  
Cincinnati, OH 45242  
  
wameaders@gmail.com

Check N <sup>o</sup> . & Date	
Initials: District Governor	Initials: District Treasurer