Please Print All Information To Assure Prompt Processing And Payment.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip

Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip

1. Purpose of meeting:

Please check the appropriate box and provide date

[ ] Governing Council Meeting Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

[ ] Executive Council Meeting Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please provide a brief description of the purpose of the meeting

Representing:

Please check the appropriate box and provide information

[ ] Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total Miles Driven: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: Executive Board & Committee Chairs are reimbursed for 100% of their mileage and expenses.**

**Chapter & Division delegates are reimbursed for 50% of their mileage. Other expenses are paid by the Chapter or Division.**

1. Mileage Reimbursement Formula:

\_\_\_\_\_\_\_\_ X .25 = \_\_\_\_\_\_\_\_\_\_ @ 50% or 100% = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage Sub-Total Please Circle Total Mileage Reimbursement

1. Other Expenses: Please list below and attach original receipts

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Reimbursement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer Use Only:

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_\_ Check#: \_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_