

Reimbursement Form

Date _____

Name of Member/Staff

Address

City, State, Zip Code

Date		
Purpose or Function		
Transportation:		
(car: IRS allowance/mi.***)		
(,		
Transportation Amount		
Lodging (place***)		
Lodging Amount		
Meals (detail***)		
· · · · ·		
Meals Amount		
Other Expenses (itemize***)		
Registration Fees, Other		
Expenses		
Total Requested		
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***Attach mileage log, hotel bill, and other receipts

I certify that all expenses claimed above were incurred on official WFAR business. I have also read the Travel Payment and Reimbursement Policy of the WFAR Operating Policies & Financial Procedures.

Signature of Member/Staff

TOTAL APPROVED:			
Approved by			
Signature			
Date			

Total mileage recorded: Odometer Date Description From To Start Finish Image:	Mileage Log							
		Total mileage recorded:						
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