

OAMR Expense Reimbursement Form

Name: _____

Mailing Address: _____

Phone No.: _____

Financial Policy No. _____ Event: _____

_____ Transportation Expenses: _____

_____ Airfare: \$ _____

_____ Taxi, Shuttle, etc. \$ _____

_____ Personal vehicle mileage: \$ _____

_____ Meals: \$ _____

_____ Lodging: \$ _____

_____ Registration Fees: \$ _____

_____ Other: (please list) _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Please attach all receipts. Please indicate name and address of recipient of reimbursement if not the same as above:

SIGNATURE

DATE

Submit form and itemized receipts within sixty (60) working days of the expenditure or travel to the OAMR Treasurer.

FOR OFFICE USE ONLY:

Date received: _____

Check # _____

Date of check: _____

Approved by: _____