

EXPENSE REIMBURSEMENT FORM



A 501(c)(3) non-profit organization

DATE _____

NAME _____

PURPOSE OF EXPENSE _____

Mileage _____ **miles @ .35 per mile** \$ _____

Reimburse from: General Account: \$ _____

Other: _____ \$ _____

Total \$ _____

Please attach receipt(s) below or on a separate sheet.

Reimbursed by Rick A. Mathies, Treasurer

Amount: \$ _____

Signature

Date: _____

Check No(s): _____