

MOUNTAIN VALLEY ASSOCIATION
EXPENSE REIMBURSEMENT REQUEST

NAME: _____

REQUEST DATE: _____ DATE OF EXPENSE: _____

EXPENSE DESCRIPTION: _____

PAID TO: _____

PURPOSE OF EXPENSE: _____

AMOUNT CLAIMED: \$ _____

TRAVEL EXPENSES:

MILES TRAVELED: _____ @ \$ _____ \$ _____

FROM: _____

TO: _____

PER DIEM:

TOTAL:

NUMBER OF FULL DAYS: _____ @ \$ _____ \$ _____

MEALS:

BREAKFAST: _____ @ \$ _____ \$ _____

LUNCH: _____ @ \$ _____ \$ _____

DINNER: _____ @ \$ _____ \$ _____

TRAVEL TOTAL: \$ _____

SIGNED: _____

DATE: _____

APPROVED: _____

DATE: _____

PAID BY: _____

DATE: _____

RECEIVED BY: _____

DATE: _____

INSTRUCTIONS

NAME: *Name of requestor*

REQUEST DATE: *Date of request* DATE OF EXPENSE: *Date expense incurred*

EXPENSE DESCRIPTION: *Describe item or service purchased.*

PAID TO: *Name of business or party paid.*

PURPOSE OF EXPENSE: *Describe reason expense was necessary.*

AMOUNT CLAIMED: \$ *Insert total from receipt including any tax or freight.*

TRAVEL EXPENSES: *Use this section for travel mileage and per-diem expenses.*

MILES TRAVELED: *Enter total miles traveled.* @ \$ *Enter IRS rate.* \$

FROM: *Starting point of trip.*

TO: *Destination.*

PER DIEM: *For overnight travel.*

TOTAL:

NUMBER OF FULL DAYS: *Enter full travel days* @ \$ *Enter daily rate.* \$

MEALS: *For full and partial day travel, enter allowed meals.*

BREAKFAST: *Enter number of days.* @ \$ *Enter daily rate.* \$

LUNCH: *Enter number of days.* @ \$ *Enter daily rate.* \$

DINNER: *Enter number of days.* @ \$ *Enter daily rate.* \$

TRAVEL TOTAL: \$

SIGNED: *Signature of person requesting reimbursement.*

DATE:

APPROVED: *Signature of Treasurer.*

DATE:

PAID BY: *Signature of Treasurer.*

DATE:

RECEIVED BY: *Signature of person reimbursed.*

DATE:

