

Expense Reimbursement Request

Date Submitted: _____

Name _____

In accordance with MAFCA reimbursement policies, I submit the following (detail attached):

Period Covered: _____ To _____

Meeting Attended: _____

Expenses:

Air Fare..... \$ _____

Mileage (Per IRS Nonprofit Rate)..... \$ _____

Lodging..... \$ _____

Sub Total \$ _____

Postage \$ _____

Telephone \$ _____

Photocopies..... \$ _____

Other \$ _____

Sub Total \$ _____

GRAND TOTAL \$ _____
=====

Signed: _____ Title: _____

Approved: _____ Date: _____

NOTES:

1. **Please furnish receipts for all expenses other than mileage and per diem items.**
2. President or Treasurer approval is required for non-budgeted (or over-budgeted) expenditures.
3. (www.irs.gov) mileage rate for nonprofit corporations.

#####