REQUEST FOR REIMBURSEMENT
(Staff and Non-Staff)

Please issue check (or verification*) for expenses incurred in the amount of $_____

TO: Name _____
Address _____
City, State, Zip _____

FOR: Expenses from _____/_____/_____ to _____/_____/_____
To attend meeting(s) of _____
Other purpose: _____

I am serving as:

☐ Employee/Conference Staff/ Consultant Team Member

☐ Non-Staff/Volunteer

Office use only
Staff Approval:
Date Paid:
Check No.:

_____
Your signature

Date	Expenditure Description	Miles Traveled	X rate ** Per Mile	= Reimbursement Amount	Tolls/ Parking	Air/Bus/Taxi Service	Meals	Lodging	Other
TOTALS									

* If, instead of reimbursement, you wish to take a deduction on your income tax return, please initial here: _____

The form will be signed by the Conference and returned to you for use in verifying your expense deduction.

** For Staff/Consultant Teams, IRS allows **50.5** cents per Mile in **2008**. (2007 allowances were 48.5 cents per mile January-December 2007.)

For Non-Staff/Volunteer, IRS allows 14 cents per Mile in 2008. (No change from 2007.)

PLEASE ATTACH RECEIPTS (not required for mileage and meals under $15)

Rev 01/03/2008