

# Northeast District EXPENSE REIMBURSEMENT REQUEST

Make reimbursement check payable to: \_\_\_\_\_  
Mail check to: Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: Please attach receipts for meals, tolls, parking, or other expenses to this form before submitting it.  
Reimbursement cannot be made if receipts are not attached. Send this form to:  
Mrs. Pam Fetterhoff, 6737 Cetronia Road, Allentown, PA 18106**

Committee Meeting or Purpose of Expenses: \_\_\_\_\_

1. Mileage reimbursement:  
Date(s) of travel \_\_\_\_\_  
Total miles traveled for district business \_\_\_\_\_  
Reimbursement amount (miles x 58 cents per mile) ..... \$ \_\_\_\_\_
  2. Meals (attach receipts)..... \$ \_\_\_\_\_
  3. Tolls and parking fees (attach receipts)..... \$ \_\_\_\_\_
  4. District-related phone charges (attach copies of phone bills)..... \$ \_\_\_\_\_
  5. District-related postage expenses ..... \$ \_\_\_\_\_
  6. Other district expenses (describe and attach receipts) ..... \$ \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*IRS code requires expense reimbursement to be made within 60 days;  
if reimbursement is made after 60 days, it is income.*

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