

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 67 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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