



**STAPLE ALL RECIEPTS TO THIS FORM  
INFORMATION ON EXPENSE REIMBURSEMENT**

1. **DATE SUBMITTED:** Date form is sent/given to Treasurer.
2. **SUBMITTED BY:** Name or person asking for reimbursement
3. **MAKE CHECK PAYABLE TO:** Full name check should be written for.
4. **MAIL CHECK:** Address that check should be mailed to.
5. **AUTHORIZATION:** Items or individual not covered in the Financial Policy must be authorized by at least two (2) officers.
6. **MILEAGE REIMBURSEMNT:** Date mileage occurred, departure point and destination, the reason for travel, and the total number of miles. Only the person driving should submit a request for reimbursement. If more than one reimbursable District member shared the trip, this should be noted so the Treasurer can appropriate the cost correctly.
7. **OTHER EXPENSES:** Printing/copying, supplies, postage, phone, sleeping rooms, miscellaneous. Please be as specific as possible when indicating the reason for the expense.
8. **IN KIND CONTRIBUTIONS:** Please list item(s) of In Kind contribution s in space provided on front of this form. It is important to list all expenses even if you In Kind contribute all of the expenses, as we need accurate cost for budgeting purposes in the upcoming years.
9. **District 24 does not reimburse for meals or registration at events.**

**PLEASE ATTACH RECEIPTS AND/OR EXPLANATION OF EXPENSES OR INVOICES.** This will enable the Treasurer to keep accurate books. A copy of the reimbursement form will be returned to you along with the check. Please keep it for your records.

*Note: When having a vendor bill District 24 directly, please ask the vendor to show what was purchased and to include your name and or committee on the invoice.*

If you do not have a copy of this, request one from the Treasurer.

**REFER TO THE FINANCE POLICY FOR QUESTIONS ABOUT WHAT IS REIMBURASABLE AND WHAT IS NOT.** The Treasurer can also answer questions on reimbursement.