

v.2024

# NORCAL H&I COMMITTEE

## Expense Reimbursement Request

### Volunteer Information:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### PURCHASES

Date	Account	Description	Unit Cost	# units	TOTAL
Purchases Total					

### MILEAGE; TOLLS; LODGING, MEALS & OTHER

#### MILEAGE

Date	Description	# Miles	Rate	Total
			X \$.32	\$
			X \$.32	\$
			X \$.32	\$
			X \$.32	\$
			X \$.32	\$
			X \$.32	\$
Mileage Total				\$

#### TOLLS

Date	Description			Total
		n/a	n/a	\$
		n/a	n/a	\$
		n/a	n/a	\$
		n/a	n/a	\$
Toll Total				\$

LODGING, MEALS & OTHER (125 miles or 2 hours; lodging maximum \$100/night or Conference rate; meals 2 max @ \$25; registration for approved conferences)

Date	Description	Rate/night	# nights	Total
				\$
				\$
				\$
				\$
Lodging Total				\$
<b>GRAND TOTAL</b>				\$

Please attach documentation for all expenses and remit form to current Treasurer by email or mail to:  
P.O. BOX 192490, San Francisco, CA 94119-2490

Signature & date:

Approved by: \_\_\_\_\_

Check # & date sent: \_\_\_\_\_