

v.10/15/2018

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 \$.25	\$
			X \$.25	\$
			X \$.25	\$
			X \$.25	\$
			X \$.25	\$
			X \$.25	\$
			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; meals 2 max @ \$10; registration for approved conferences)

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

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: _____