

v.4/2014

# 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 AND LODGING

#### MILEAGE

Date	Description	# Miles	Rate	Total
			X \$.15	\$
			X \$.15	\$
			X \$.15	\$
			X \$.15	\$
			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 (250 miles or 4 hours; maximum \$75/night)

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: \_\_\_\_\_