

EXPENSE REIMBURSEMENT REQUEST

Pacific Northwest Conference – UCC • 325 N 125th Street, Seattle, WA 98133

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

COMMITTEE TO BE CHARGED: _____

MILEAGE: _____ total miles driven at \$.14/mile = \$ _____
plus \$.03/mile for each passenger (_____ passengers X .03 = _____) X miles = \$ _____

Purpose of Trip: (e.g. CLSA meeting on January 31, 2010) _____

OTHER EXPENSES (airfare, meals, hotel, supplies, copying, etc.)

For all expenses other than mileage, receipts or other documentation are required; please attach to this form. **Receipts are needed whether you donate the expenses or not.**

Description: _____ Amount: _____

Description: _____ Amount: _____

Description: _____ Amount: _____

Description: _____ Amount: _____

If you need additional space, please continue listing items on the reverse side of this form.

TOTAL AMOUNT REQUESTED: Please attach receipts \$ _____

If you wish to consider your expenses a gift to the Conference, please check one of the options below.

_____ Please contribute these expenses.

_____ Contribute this portion only (_____) and reimburse to me the remainder.

At the end of the year, these contributions will be reported to you for tax deduction purposes.