

Rifz

EXPENSE REIMBURSEMENT REQUEST FORM

for Marin OA Intergroup and Meeting Groups

Name of Member: _____ Date: _____
 address for _____ phone number: _____
 mailing check _____ email address: _____

ITEMIZED EXPENSES *(Receipts* must be attached to be considered for reimbursement)*

Date	Vendor/Payee	Description/Purpose of Expenditure	Amount
			\$ -
			-
			-
			-
			-
			-
			-
			-
			-

MILEAGE *(calculated at \$0.535/mile, based on IRS standard mileage rate as of 1/1/17)*

Date	Origination & Destination City	# miles	Amount
			\$ -
			-
			-
			-

Total Amount: \$ -

Amount Being Requested: \$ -

I certify that this is a true and accurate accounting of expenses incurred by me for the purpose stated above and for non-allowable expenses.

Member Signature: _____

* RECEIPTS: for lost or missing receipts, please provide other documentation, such as credit card statement, email confirmation, etc. If nothing is available, please have current IG Chair sign form prior to submission to Treasurer.

IG Chair Signature (if needed): _____

Reserved for Treasurer:

_____ Check #: _____
 Treasurer Approval Signature Check Date: _____
 Amount: _____