



Expense Reimbursement Form

Name _____
Address _____
City, State, Zip _____

Phone: () - (w)
 () - (c)
E-Mail: _____

RECIPIENT'S REQUEST

NAME: _____

ADDRESS _____

CITY _____

STATE, ZIP _____

PHONE: _____

DATE SUBMITTED: _____

TO WHOM WAS THE EXPENSE PAID:
(See Note 1):

LOCATION (CITY/STATE):

DATE(S) EXPENSE INCURRED:

REASON FOR EXPENSES:

MEALS / MILEAGE

MILES TRAVELED: _____

GOVT MILEAGE RATE: _____

NO. OF MEALS: _____

PER DIEM RATE: _____

AMOUNT: _____

LIST EXPENSES AND AMOUNTS

ITEM 1: _____

ITEM 2: _____

ITEM 3: _____

ITEM 4: _____

ITEM 5: _____

ITEM 6: _____

ITEM 7: _____

TOTAL EXPENSES
TO BE REIMBURSED: _____

SIGNATURE: _____

ATTACH RECEIPTS TO EXPENSE FORM

NOTE 1:

- For travel expenses that uses 'mileage rates' - write in 'Mileage'.
- For meal expenses that uses 'per diem rates' - write in 'Meals - Per Diem'.
- For actual meal expenses list restaurant name and attach receipt.

Mail form to Treasurer, Curtis Hall

WV State Association
Box 25
Lenore, WV 25676

TREASURER'S USE ONLY

CHECK NO: _____

DATE: _____

AMOUNT: _____

INITAIL: _____