Area 50 Reimbursement Voucher

Name: _____

Address: _____

Email: _____

Cell phone: _____

Home Group: _____

District: _____

Service Pos: _____

Preferred method of reimbursement:

Check: Yes ____ No ____

PayPal: _____

Attendance at NERAASA, NYSIW, NERF, NERD*

Event: _____ **Date(s)**: _____

Registration: $_____

Room: $_____ (Room reimbursement is ½ of conference room rate)

Food: $_____ (Not to exceed conference charge for all meals)

Gas & Tolls: $_____ (Total expense divided by total passengers)

Total $_____

Officer or Committee Disbursements for expenses other than out of Area Events*

Position: _____

Expense: $_____

Purpose: _____

Line _____ (Supplies, Workshops, Other – explain other expense)

***RECEIPTS FOR ALL EXPENSES MUST BE PRESENTED WITH THE REQUEST**