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**CHAIRPERSONS & STAFF**

**EXPENSES REIMBURSEMENT REQUEST FORM**

**Required criteria to request reimbursement**:

* Form and required criteria must be completed to be considered for approval
* Expense claims detailed on this form are only to be inclusive of submitting individual (not co-chair) and receipts should be marked if they include multiple guest charges
* Receipts are required for each itemized expense and must be submitted with expenses reimbursement request form.
* Receipts must be itemized (\*alcohol cannot be included on receipts and credit card statements are not acceptable)
* EZ Pass History/Statements are required for toll reimbursement (mark which toll charges apply to your request for reimbursement)
* Google Maps print out is required for mileage reimbursement
* Form and receipts can be scanned and emailed to [bfadeley@e1b.org](mailto:bfadeley@e1b.org) or mailed to Section VI, 355 Harlem Road, West Seneca, NY 14224

**Note**: Mileage is paid based upon current year IRS rate

|  |  |  |
| --- | --- | --- |
| Event Name: (Tournament/Meeting/Meet etc.) |  |  |
| Event Date(s): |  |  |
| Location: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transportation** |  | | | **Total** |
| Mileage |  | miles @ |  |  |
| Highway Tolls (include Thruway on/off exit #s) |  |  |  |  |
| Plane Fare |  |  |  |  |
| Lodging | # | nights @ |  |  |
| Train | # | days @ | $ |  |
| **Individual Meals** |  | | | |
|  | Meal #1 | Meal #2 | Meal #3 |  |
| Breakfast | $ | $ | $ |  |
| Lunch | $ | $ | $ |  |
| Dinner | $ | $ | $ |  |
| **Other** |  | | |  |
|  | | |  |  |
|  | | |  |  |
|  |  |  | Grand Total: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
|  |  |  |  |
| Address: |  | City, State, Zip: |  |
|  |  |  |  |
| Date Submitted: |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| **Treasurer** |  | **Date:** |  |
| **Executive Director** |  | **Date:** |  |
|  |  |  |  |