



REQUEST FOR REIMBURSEMENT

Person Requesting Reimbursement _____
(please print)

Person or firm to receive reimbursement if not same as above:

Date _____ NCMEA Section to be charged _____

Dates of this expenditure _____

General use or purpose of this expenditure:

Details of Expenses

Postage (attach receipts)	\$ _____
Phone include notated phone bill)	\$ _____
Travel (when authorized)	
a. Car mileage _____ @ \$.485	\$ _____
b. Plane	\$ _____
Other expenditures: (attach receipts)	\$ _____

TOTAL REIMBURSEMENT REQUESTED

Signature _____

Mailing address where check should be sent:

Approval of Section Chair or other Officer _____