

OA Region One Expense Reimbursement Request

Name: _____ Board Position: _____ Date Submitted: _____
 Address: _____ Project Team: _____
 Phone: _____ Intergroup: _____ Currency (US or CDN): _____

DATE	DESCRIPTION & PURPOSE	AIR & TRANSP.	LODGING	FUEL	MILEAGE @.14	MEALS & TIPS	COPIES	OTHER*	TOTAL
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

*** DON'T FORGET TO ATTACH RECEIPTS ***

Subtotal	\$ -
Advances	
Less IG support	
Total Reimbursement	\$ -

DATE	DESCRIPTION OF "OTHER" (FROM ABOVE)	AMOUNT
REQUESTED METHOD OF REIMBURSEMENT, IF OTHER THAN CHECK MAILED TO THE ABOVE ADDRESS		

Authorized By _____ Date _____

For Office Use Only