

Reimbursement Request Form

K-Kids

Builders Club

Name: _____ District: _____ Date: _____

Address: _____

Period Covered: _____ to _____

Place or assignment for expense incurred: _____

Expenses:

Conference Registration \$ _____

Auto mileage: _____ miles at \$._____ per mile = \$ _____

Parking: _____ \$ _____

Airfare: Destination: _____ \$ _____

Other transportation: _____ \$ _____

Meals: Number of meals: _____ \$ _____

Hotel: Number of days: _____ at \$ _____ \$ _____

Gratuities: _____ \$ _____

Taxi / tolls: _____ \$ _____

Telephone: _____ \$ _____

Postage: _____ \$ _____

Office supplies: _____ \$ _____

Total reimbursement request \$ _____

I certify that the expenses on this voucher and ***the receipts attached*** are accurate.

Signature: _____

Office use: (Charge account #: _____)

of new charters _____

Funds available for reimbursement: \$ _____ Date reimbursement issued: _____

Total amount reimbursed: \$ _____

Return with receipts to: Kelly Wallace, 3636 Woodview Trace, Indpls., IN 46268

kwallace@kiwanis.org