2008-09 AAF District 7
EXPENSE REIMBURSEMENT REQUEST FORM

TO: DISTRICT 7 TREASURER

Approval is requested for item(s) shown below. This is a:

- ❑ **Request for reimbursement** for a District 7 business expense. Receipt(s) attached.
- ❑ **Claim for payment** for authorized goods and/or services. Invoice(s) attached.

LINE ITEM	$ AMOUNT TO BE PAID FOR REIMBURSEMENT/PAYMENT (attach receipts and/or invoices)	DESCRIPTION/MEMO OF EXPENSE	EXPENSE ACCOUNT CODE
1. Automobile expense (itemize: mileage, parking, etc.)			
2. Airfare:			
3. Taxi/Limo (include tips)			
4. Hotel/Lodging			
5. Meals			
6. Entertainment (list person by name and title)			
7. Telephone expense			
8. Registration Fee (identify meeting)			
9. Postage			
10. Copies/Supplies (itemize)			
11. Other (itemize)			
12. Other (itemize)			
TOTAL			

PLEASE SUBMIT ALL EXPENSES WITH RECEIPTS WITHIN 45 DAYS OF DATE INCURRED.

MAIL TO: **Greg Lawson**
c/o The Tuscaloosa News
315 28th Ave.
Tuscaloosa, AL 35405

Phone: (205) 722-0316
Fax: (205) 722-0179
Email: greg.lawson@tuscaloosanews.com

INSTRUCTIONS FOR PREPARING AND PROCESSING THIS FORM:

1. Complete form fully and carefully, sign and date. Receipts and invoices MUST be attached.
2. Send one copy to District 7 Treasurer.
3. The Treasurer will fill in authorization information below, prepare check, sign it and send to the Governor for approval and signature.
4. The Governor will sign form and check and mail check to payee.
5. Allow 15-day interval from time Treasurer receives form for mailing of check to payee.

MAKE CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DATE: _____ REQUESTED BY: _____

DISBURSEMENT AUTHORIZATION (to be completed by Treasurer and Governor)

AMOUNT APPROVED: $_____ CHECK MADE TO: _____

EXPENSE ACCOUNT: _____ LINE ITEM: _____ CHECK #: _____

DISTRICT TREASURER: _____ DATE: _____

DISTRICT GOVERNOR: _____ DATE: _____