

2009-2010 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:	Denise Ladner AAF District 7 P.O. Box 269 Gulfport, MS 39502	Phone: (228) 860-7826 Fax: (228) 865-5771 Email: dpladner@southernco.com
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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: _____