



South Region

Serving Georgia and Alabama

~ Expense Reimbursement Form ~

NAME: _____ DATE: _____

I request reimbursement for amounts expended by me as _____

in connection with _____ on date/s _____

1. TRAVEL

a. Mileage: _____ (mileage reimbursed at 0.14-0.58 per mile per IRS) \$ _____

b. Tickets: Airline, Bus, Train (Receipts must be attached) \$ _____

c. Meals: (Receipts must be attached and labeled) \$ _____

2. POSTAGE (Receipts must be attached). \$ _____

3. PHONE/INTERNET/DATA (Attach copies of marked monthly bills) \$ _____

4. PRINTING/PHOTOCOPIES (Attach invoices/receipts) \$ _____

5. FEE/REGISTRATION (If applicable) \$ _____

6. Other (explain)\$ _____

7. **TOTAL** \$ _____

8. CONTRIBUTION (enter negative number) \$ _____

If you wish to donate all or part of this amount to the Education Fund, please indicate the amount of contribution here. *Contributions are deductible for income tax purpose as allowed by law. A letter of acknowledgment will be sent for your records. **Thank you!***

9. BALANCE DUE (amount to be refunded to you by USPC - South Region)\$ _____

Chairperson/Organizer's Approval: _____

Send Check to: _____

Signature: _____

All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations. This voucher should be approved by your Chairperson/Organizer before submitting it to USPC - South Region for reimbursement.

FOR OFFICE USE ONLY	
Received	_____
Approved	_____
Date Paid	_____
GL#	_____