

**South East Alaska Friends of Montessori  
REIMBURSEMENT REQUEST FORM**

**NAME:** \_\_\_\_\_  
(check payable to)

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_

**EXPENSES (attach all receipts to this form)**

**Airfare:** \$ \_\_\_\_\_

**Hotel:** \$ \_\_\_\_\_

**Rental Car:** \$ \_\_\_\_\_

**Other:** \$ \_\_\_\_\_ (explain) \_\_\_\_\_

**Mileage:** \_\_\_\_\_ miles x \_\_\_\_\_ per mile = \$ \_\_\_\_\_

**Meals:**

|             | Meal  | Amount   |
|-------------|-------|----------|
| Date: _____ | _____ | \$ _____ |
| Date: _____ | _____ | \$ _____ |
| Date: _____ | _____ | \$ _____ |
| Date: _____ | _____ | \$ _____ |
| Date: _____ | _____ | \$ _____ |

**Total Meals:** \$ \_\_\_\_\_

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**TOTAL EXPENSES:** \$ \_\_\_\_\_

**Treasurer Approval:** \_\_\_\_\_

**MINUS ADVANCE:** \$ \_\_\_\_\_

**President Approval:** \_\_\_\_\_

**REIMBURSEMENT DUE:** \$ \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_