Penn-Jersey District

EXPENSE REIMBURSEMENT REQUEST

Make reimbursement check payable to: _____

Mail check to: Address_____

City_____State_____Zip_____

NOTE: Please attach receipts for meals, tolls, parking, or other expenses to this form before submitting it. Reimbursement cannot be made if receipts are not attached. Send this form to:

Mrs. Pam Fetterhoff, 6737 Cetronia Road, Allentown, PA 18106

Committee Meeting or Purpose of Expenses: _____

1. Mileage reimbursement:
   Date(s) of travel _____
   Total miles traveled for district business _____

Reimbursement amount (miles x 53.5 cents per mile) .....$_____

2. Meals (attach receipts).....$_____
3. Tolls and parking fees (attach receipts).....$_____
4. District-related phone charges (attach copies of phone bills).....$_____
5. District-related postage expenses .....$_____
6 Other district expenses (describe and attach receipts).....$_____

_____

_____

Signature_____ Date _____

IRS code requires expense reimbursement to be made within 60 days; if reimbursement is made after 60 days, it is <u>income</u>.

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