



# The Virginia Society for Respiratory Care, Inc.

## Request for Reimbursement

Name: \_\_\_\_\_

Date request for reimbursement was made: \_\_\_\_\_

Request for Reimbursement       Request for Cash Advance

Please note:

1. Attach all original receipts to this form, or copy of form for cash advance reconciliation. Cash advance receipts must be returned within 30 days.
2. Call the Treasurer if you have any questions.
3. Failure to provide receipts forfeits reimbursement.

Reason for Reimbursement (check all that apply)

President expense       President elect expense       Past President expense       Vice President expense  
 Treasurer expense       Secretary expense       Delegate expense       Fall Program expense  
 Spring Program expense       \_\_\_\_\_ District expense       \_\_\_\_\_ Committee expense

Brief description of expense (Trip, copying, supplies, postage, location and purpose of trip, etc)

\_\_\_\_\_

If you wish to have the Reimbursement mailed to you, what is the address to send it to?

\_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Miles traveled								
Reimb. @ .28/mi								
Parking & Tolls								
Auto Rental								
Taxi / Limo								
Airfare								
Other (Rail/Bus)								
Transportation Total								

Lodging & Taxes								
Breakfast								
Lunch								
Dinner								
Other _____								
Lodging & Meals Total								

Registration								
Phone / Fax								
Other _____								
Other _____								
Total per day								

Total Expenses \_\_\_\_\_

Less cash advance \_\_\_\_\_

Amount due member \_\_\_\_\_

Amount due VSRC \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid by check number \_\_\_\_\_ Date \_\_\_\_\_ Treasurer Signature \_\_\_\_\_

Adapted: Revised: 4/10 mk