

**The Virginia Society for Respiratory Care**

**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. Cash advance receipts must be returned within 30 days.**
2. **Contact 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**

 **District Expense (name district): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Program/conference expense (name program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Committee or other expense (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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** |  |  |  |  |  |  |  |  |
| **Mileage $0.14/mi** |  |  |  |  |  |  |  |  |
| **Parking & Tolls** |  |  |  |  |  |  |  |  |
| **Auto Rental** |  |  |  |  |  |  |  |  |
| **Taxi**  |  |  |  |  |  |  |  |  |
| **Airfare** |  |  |  |  |  |  |  |  |
| **Other (Rail/Bus)** |  |  |  |  |  |  |  |  |
| **Transportation Total** |  |  |  |  |  |  |  |  |
|  |
| **Lodgings** |  |  |  |  |  |  |  |  |
| **Breakfast** |  |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |  |
| **Other \_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |
| **Lodging & Meals Total** |  |  |  |  |  |  |  |  |
|  |
| **Registration** |  |  |  |  |  |  |  |  |
| **Other \_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |
| **Other \_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |
| **Total per day** |  |  |  |  |  |  |  |  |

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

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ Amount due member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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