

REIMBURSEMENT FORM

Tahoma Chapter NATS

Please complete this form,
Staple vendor receipts to the form,
And mail to:

Kerstin O'Shields, Treasurer
21221 SE 271st PL
Maple Valley, WA 98038

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Purpose	Vendor & Item	Amount
Ex. Fall 2006 Recital	Kinkos – 100 programs	\$9.00
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mileage (to/from)	Miles	x.415*	Amount
Ex. Roundtrip home to Highline CC	62		\$25.73
_____	_____	x.415	_____
_____	_____	x.415	_____
_____	_____	x.415	_____
_____	_____	x.415	_____
_____	_____	x.415	_____

*41 ½ cents per mile

REIMBURSEMENT TOTAL: _____

Date Received: _____

Date paid, check #: _____