

Grand Council Royal and Select Masters of Iowa

REQUEST FOR REIMBURSEMENT

Request
Date: _____

Name: _____

Addr: _____

City: _____ State: _____ Zip: _____

Title /
Position _____

Event /
Reason: _____

Travel
Dates: _____

Location: _____

Acct. to
Charge _____

All receipts except mileage
must be attached, to receive
compensation.

TRAVEL EXPENSES

Hotel \$ _____

Meals \$ _____

Registration \$ _____

Miles Driven _____ Miles x 0.21 = \$ _____

Or Transportation \$ _____

Other
Explain _____ \$ _____

Total Travel Reimbursement Request \$ _____

EXPENSE VOUCHER

Purchase Date	Expense Item	Authorized	Cost Center	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<i>Total Expense Reimbursement Request</i>				\$ _____

Signature Date

Most Illustrious Grand Master Approval Date

Mail with receipts to:

Kevin T. Christians, M.I. Grand Master
215 S. Marshall St.
Boone, IA 50036-4827