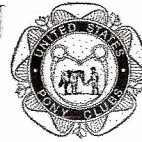




# MIDSOUTH REGION USPC EXPENSE FORM



*All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations. This form should be approved by your Chairperson/ Organizer before submitting it to MidSouth Region Treasurer for reimbursement.*

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I request reimbursement for amounts expended by me as \_\_\_\_\_  
(volunteer position)  
 in connection with \_\_\_\_\_ on \_\_\_\_\_  
(event/activity) (date)

**1. TRAVEL**

a. Mileage: \_\_\_\_\_ @ \$.50 per mile \$ \_\_\_\_\_

b. Tickets: Airline, Bus, Train (Receipts must be attached) \$ \_\_\_\_\_

2. **POSTAGE** (Receipts must be attached) \$ \_\_\_\_\_

3. **TELEPHONE** (Attach copies of marked monthly bills) \$ \_\_\_\_\_

4. **PRINTING/ PHOTOCOPIES** (Attach invoice) \$ \_\_\_\_\_

5. **FEE** (If applicable) \$ \_\_\_\_\_

6. **OTHER** (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

**7. TOTAL EXPENSES** \$ \_\_\_\_\_

8. **LESS DONATION** (enter as negative amount. Ex: -100.00) \$( \_\_\_\_\_ )

*If you wish to donate all or part of this amount to the MidSouth Region, please indicate the amount of contribution here. Contributions are deductible for income tax purpose as allowed by law. A letter of acknowledgment will be sent to you for your records. Thank you.*

9. **REIMBURSEMENT DUE** \$ \_\_\_\_\_

Signature: \_\_\_\_\_

RS Approval: \_\_\_\_\_

Send Check to: \_\_\_\_\_

**Mail form and receipts to RS: Sue Colliver 9531 Dick Road Harrison, Ohio 45030**

For Office Use:				
Date Rec	Date Paid	Ck#	Approved By	GL#