***EXPENSE REIMBURSEMENT FORM***

Attach all receipts or scan them as a PDF, and mail or email with this form. **We pay only when there are receipts.**

NOTE: All non-travel requests must be turned in within 45 days of the expense. Travel expenses must be turned in by 30

days after travel is completed . **Form and receipts are sent to the AVVA National Treasurer & the VVA Finance Dept**.

CHECK HERE FOR REIMBURSEMENT CHECK HERE FOR ADVANCE FUNDS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | POSITION: |  |

|  |  |
| --- | --- |
| ADDRESS: |  |

Street City State Zip

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PHONE: |  | ALT PHONE: |  | EMAIL: |  |

|  |  |
| --- | --- |
| PURPOSE OF EXPENSE: |  |

|  |  |
| --- | --- |
| DATE FORM SUBMITTED: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IF FOR TRAVEL: | Depart From: |  | Destination: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Depart Date: |  | Return Date: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mode of Transportation: | Airline |  | Vehicle |  | Other |  |

***EXPENSES TOTAL FINANCE***

***USER CODE***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Travel Details: |  | | $ |  |  |  |
| 2 | Per Diem Calculation: | Days | X $50.00 per day | $ |  |  |  |
| 3 | Hotel / Lodging: |  | | $ |  |  |  |
| 4 | Misc. Office Supplies: |  | | $ |  |  |  |
| 5 | Postage / Shipping: |  | | $ |  |  |  |
| 6 |  | | | $ |  |  |  |
| 7 |  | | | $ |  |  |  |
| 8 |  | | | $ |  |  |  |
| 9 |  | | | $ |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Grand Total:** | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE: |  | DATE: |  |

***Must be approved by the President or the Treasurer***

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scan and Email to*:*** [***kayegardner@aol.com***](mailto:kayegardner@aol.com?subject=AVVA%20Expense%20Form) ***and*** [***payables@vva.org***](mailto:payables@vva.org)