

Michigan Reading Association
Expense Reimbursement Request Form

Date	Purpose Destination (to & from)	Total Mileage	Mileage Rate X .40	Airfare & Ground Fare	Food & Lodging	Office Supplies	Postage Shipping	Misc.	Account Number (must be entered for processing)	Daily Total
Committee to be charged: _____									Total Amount:	

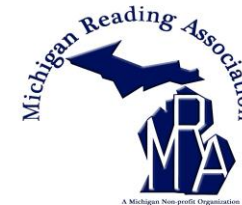
By signing this form I authorize the above budget line accounts to be charged .

Committee Chair Signature: _____

Date: _____

MRA Treasurer Signature: _____

Date: _____



Send check to:

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____

Michigan Reading Association
 668 Three Mile Road NW
 Grand Rapids, MI 49544
 Phone: 616.647.9310
 800.672.7323
 Fax: 616.647.9378
 Email: lguzman@michiganreading.org

Signature of Committee Chair and Treasurer must be obtained prior to mailing to MRA office.
 Please allow 2-3 weeks "office processing time".

Original receipts and/or invoices must accompany this form.
This form must be submitted WITHIN 30 DAYS of event/purchase