

MER Request for Reimbursement

Use this Form for Amounts greater than \$50.00

Date _____ Amount _____

Office, Committee or Chapter Title _____

Type of Cost: _____

Name and Address of Person to be reimbursed: _____

Complete this form and send with attached receipts to:
Region Director Mid-Eastern Region

Expenses:

Printing: _____

Copying: _____

Hotel: _____

Taxi Fares: _____

Postage: _____

Transportation: _____

Telephone: _____

Other (Specify): _____

TOTAL _____

Approved by: _____

(Region Director approves request. Assistant Director approves Region Director request.)

Signature: _____

Check Number: _____

Send Reimbursement Request form to:

Treasurer, Region Director, or Assistant Region Director for approval.