MA/RI Chapter of TACF Reimbursment Form v. 1.0

Event *Reason for reimbursement*

Name
Address *Where you want check sent*
City, State, Zip
Telephone *How to reach you with questions*
Email

Form calculates automatically-type in amounts.

	EXPENSES		
Date	**Decription**	**Comments**	**Amount**

You may insert rows as needed

Expense Total -

	MILEAGE			
Date	**Description**	**Miles**	**$/mi**	**Amount**
			0.250	-
			0.250	-
			0.250	-
			0.250	-
			0.250	-
			0.250	-
			0.250	-
			0.250	-

You may insert rows as needed

Mileage Total -

Grand Total $0.00

Signature

All expenses must have a legible scanned receipt.

Send form and receipts to Paul Wetzel at pwetzel94@gmail.com or to:

Thanks!

Paul Wetzel
108 Petticoat Hill Rd.
Williamsburg, MA 01096