

DISTRICT 45 REQUEST FOR REIMBURSEMENT

Name: _____

Date of Request: _____

Cheque to be made payable to: _____

Address: _____

Request for reimbursement of any expense for District 45 must be made on this form. Only requests accompanied by receipts and falling within the guidelines established by the District and by TMI as acceptable expenses will be processed. Please number each receipt and indicate receipt number under the reason for expense. Return this form with attached receipts to:

Wayne Mercer, DTM, 178 Donegal Drive, Cole Harbour, Nova Scotia B2V 2N2.

Note: Requests must be made monthly. Those received by the 15th of the month will be paid by the first Monday of the following month.

Date of Claim	Receipt #	Reason for Expense	Amount	Budget Line (to be added by DG)
Total – please circle either Cdn \$ or US\$				

Travel is reimbursable at US\$.18/mile or CDN\$.20/km. Please attach Google Maps or equivalent to support the distance traveled.

I certify the above as true: _____ Date: _____

Dist Gov/Lt Gov approval: _____ Date: _____

Paid by cheque#: _____ Date mailed: _____ Treasurer _____