



Request for Reimbursement of Expenses Form

Date of Request (MM/DD/YY) _____ Requesters Full Name: _____

Reason or Justification for Reimbursement:

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Email Address (E-Transfer Payment): _____

Expense Description	Date of Expense	Total \$ of Receipt	Approved By

Total Kilometers _____ @ \$.50/km= _____ Total Mileage

Expense types that may be eligible for reimbursement include, but are not limited to Coaching Courses, Mileage, Food, Hotels etc. Refer to the MHMSA Policy and Procedures manual for more information. Expenses will only be considered for reimbursement if they are pre-approved by the MHMSA Executive.

This completed form and all supporting receipts must be submitted by email to mhmsatreasurer@gmail.com. Any expenses that do not have a supporting receipt will not be reimbursed.

For MHMSA Use Only:

	YES	NO	N/A			
All Receipts Submitted						
Executive Approval Granted (If Required)						
Total Amount Approved for Reimbursement	\$					
Date Paid (MM/DD/YY)						
Notes						

