



# District 15 General Service Reimbursement

Mail To: District 15 General Service P.O. Box 181 Lake Elmo, MN 55042

Submitted by : \_\_\_\_\_ Date: \_\_\_\_\_

Officer, Committee, or event \_\_\_\_\_

Make check payable to:  Name _____  Address _____  City/State _____ ZIP _____	Authorization (if individual or item not covered by policy)  _____  _____
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### Mileage Reimbursement Information

Date	From	To	Purpose (event)	Miles
Multiply mileage total X .37 for total mileage reimb.				

	EXPENSES			Treasurer's Record	
		In-kind contributions		Check#	_____
Printing/copying	_____	\$ _____		Check Amount	_____
Supplies	_____	\$ _____		Issue Date	_____
Postage	\$ _____	\$ _____		<u>Distribution of Funds</u>	
Phone	\$ _____	\$ _____		Category	Amount
Mileage	\$ _____	\$ _____			
Sleeping Room	_____	\$ _____			
Misc.	\$ _____	\$ _____			
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>			
Total Reimbursement	\$ _____				