

Expense Reimbursement Request

HMA - AREA 1

Instructions:

1. Download the form and save on your desktop before filling out.
2. List all expense descriptions and amounts that you paid out of pocket for the event.
3. If you need more room, please use the second sheet.
4. Sign and date the bottom.
5. If you spend more than \$100 for an event, the event chair or state chair needs to approve this request.
6. Email to treasurer.area1@handbellmusicians.org
7. If using U.S. Post and needed before the event, please allow an extra week for mail time.

Event Name _____

Date _____ Amount _____

Please Pay To: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please Fill in all Requested Information and mail or email to the treasurer:

treasurer.area1@handbellmusicians.org

Requests will be processed within 15 days of request.

Description (person to be paid or item to be reimbursed)	Amount	Budget Line Item (treasurer to fill out)
Subtotal for this page		
Subtotal from back page		
Total		

(treasurer use only)

Approved by _____ **Date** _____

Chair approval if over \$100 _____ Date _____

Date Paid _____ Check Number _____

