

IWEA Request for Reimbursement Form

Created 2-16-09

- Please check here if this is a request for prior approval for reimbursement and provide an estimation of cost for what you perceive the association to reimburse.

A photo copy of each receipt must be received with this request. Please include as many receipts on an 8.5 x 11 sheet of paper as possible.

Please check your affiliation with the Indiana Water Environment Association:

- Executive Board Member
- Committee Chair: (please include committee name)_____
- IWEA Member
- Speaker/Presenter
- IWEA Staff Member

This reimbursement request is for the purposes of:

Please provide the name and address for the reimbursement check to be mailed:

Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Reimbursement Request Date(s)	From:		To:	
Travel				
Transportation	Rental car	Mileage	Airfare	Total
Lodging	Hotel		Total	
Meals				
Equipment				
Materials/Supplies				
Total Reimbursement				

I certify that all expenditures reported are for appropriate purposes to benefit the Indiana Water Environment Association.

(Signature)

(Date)

<p>IWEA office use:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved (explanation): _____</p> <p>_____</p>
