



## Request to Pay Travel Reimbursement

5

This is a Word doc, and you may fill it in either online or by hand.

<b>Date of this request:</b>	
<b>Reimburse (person's name):</b>	
<b>Payee's address (line 1):</b>	
<b>Payee's address (line 2):</b>	
<b>Email address</b>	
<b>Phone number</b>	
<b>Date(s) of travel:</b>	
<b>To:</b>	
<b>From:</b>	
<b>Purpose:</b>	
<b>Airfare:</b>	\$
<b>Ground transportation (taxi, etc.):</b>	\$
<b>Number of miles:</b>	
<b>Amount to reimburse - \$.535 per mile:</b>	\$
<b>Hotel:</b>	\$
<b>Food:</b>	\$
<b>Registration:</b>	\$
<b>If grant-funded, name of grant:</b>	
<b>Approved by:</b>	Leave blank; treasurer will get president or grant manager's approval.

- Please attach original receipts for everything except mileage.
- Please submit form and backup to:  
Cynthia LaMaster  
LWVODC  
PO Box 3397  
Chapel Hill NC 27515-3397

Or email to: [treasurerodc2@gmail.com](mailto:treasurerodc2@gmail.com)

