

# Expense Reimbursement Request

Name			Week Ending	Business Purpose of Expenses				
Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Date								
From								
To								
Business Miles Driven	\$							
Airfare								
Bus, Limo or Taxi								
Parking								
Tips								
Auto Rental								
Auto Rental Fuel								
Tolls								
Personal Car Mileage								
Lodging Room & Tax								
Phone/Fax								
Internet - Email								
Breakfast								
Lunch								
Dinner								
Postage								
Office Supplies								
Dues & Subscriptions								
**Other (Detailed Below)								
**Other (Detailed Below)								
**Other (Detailed Below)								
**Other (Detailed Below)								
Total Expenses								
<b>AIRFARE AND CAR RENTAL</b>						<b>ALL ORIGINAL RECEIPTS MUST BE ATTACHED</b>		
Date	Airline / Car Rental		From, To, To etc.	Charge/Refund	Temporary Advance			
					Total to be reimbursed			
Date	Details of Expenditures Marked Other **							Amount
Signature of Requestor			Date	Authorized Approval Signature				Date

**Mail with receipts to: MAHRA, ATTN: Treasurer, PO Box 4995, Manchester, NH 03108**