



# MPC REIMBURSEMENT FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I request reimbursement for amounts expended by me as \_\_\_\_\_  
in Connection with \_\_\_\_\_  
on (date/s) \_\_\_\_\_.

1. TRAVEL
  - a. Mileage: \_\_\_\_\_ @ \$0.35 per mile ..... \$ \_\_\_\_\_
  - b. Tickets: Airline, Bus, Train (Receipts must be attached) ..... \$ \_\_\_\_\_
2. POSTAGE (Receipts must be attached) ..... \$ \_\_\_\_\_
3. PRINTING/PHOTOCOPIES (Attach invoices) ..... \$ \_\_\_\_\_
4. FEE (If applicable) ..... \$ \_\_\_\_\_
5. Other (Explain) ..... \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **TOTAL** ..... \$ \_\_\_\_\_
8. **CONTRIBUTION** ..... (\$ \_\_\_\_\_)

If you wish to donate all or part of this amount back to the organizing group, please indicate the amount of contribution here. *Contributions are deductible for income tax purpose as allowed by law. A letter of acknowledgement will be sent for your records. **Thank you!***

9. **BALANCE DUE** ..... \$ \_\_\_\_\_

Chairperson/Organizer's Approval: \_\_\_\_\_

\_\_\_ Venmo - \_\_\_\_\_

\_\_\_ PayPal - \_\_\_\_\_

\_\_\_ Check (Send to) - \_\_\_\_\_

Signature: \_\_\_\_\_

All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations.