**OLD DOMINION REGION**

REQUEST FOR REIMBURSEMENT



Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

please print

**FUNCTION:**

Rally: (discipline) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Check one: Region \_\_\_\_ Zone 1 \_\_\_ Zone 2 \_\_\_ Zone 3 \_\_\_

**Clinic** (date) \_\_\_\_\_\_\_\_\_\_\_\_ Level/type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check one): Region: \_\_\_ Zone 1:\_\_\_ Zone 2:\_\_\_ Zone 3: \_\_\_

**Certification Test**: (Date/Level)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting: Check one: USPC Annual Meeting \_\_\_\_ Regional Meeting \_\_\_\_ Other \_\_\_\_**

**Other** (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TRAVEL:\_\_\_\_\_Mileage(.\_\_\_/mile) \_\_\_\_\_\_\_\_Air, Car Rental $ \_\_\_\_\_\_\_\_

2. LODGING (Region pays for ½ of room/night): $ \_\_\_\_\_\_\_\_

3. FOOD $ \_\_\_\_\_\_\_\_

4. POSTAGE:\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

5. PRINTING/COPY (attach invoices):\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

6. ADMINISTRATIVE EXPENSES (supplies, etc.) $ \_\_\_\_\_\_\_\_

7. CLINICIAN FEE (please note the clinician fee and any travel expenses $ \_\_\_\_\_\_\_\_

Separately so that they can be so noted for tax purposes)

*8.*  OTHER (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

TOTAL $ \_\_\_\_\_\_\_\_\_

DONATION TO REGION (state any or all) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - $ \_\_\_\_\_\_\_

Amount due $ \_\_\_\_\_\_\_

**ALL REQUESTS FOR REIMBURSEMENT MUST BE ACCOMPANIED BY APPROPRIATE RECEIPTS AND SUBMITTED TO THE TREASURER WITH ALL REQUIRED SIGNATURES WITHIN 30 DAYS OF THE DATE OF THE ACTIVITY.**

**RS/ORGANIZERS APPROVAL**(sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_

**Signature of person making request:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check payable to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND CHECK TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_