NARHA

PO Box 33150 Denver CO 80233 (800) 369-7433 Fax (303) 252-4610 narha@narha.org

REIMBURSEMENT REQUEST FORM

Receipts MUST be attached for any expenses in excess of $25.
Automobile mileage is reimbursed at the IRS standard rate, currently $0.51 per mile.
Please attach a Mapquest report of your trip for confirmation of mileage.

Issue check to: _____

Mail check to: _____

Address: _____

City: _____State: _____ Zip: _____

Telephone #: (____)_____ Fax #: (____)_____ Email: _____

Purpose of reimbursement:

Date	Expense Description	Amount $	Chart of Account *
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reimbursement TOTAL $ _____

If reimbursement is for supplies or services, have they been received? **Yes** ☐ **No** ☐

Requested by: _____ Title: _____

I hereby certify that these expenses are correct and were incurred in the performance of my duties for, or at the request of NARHA ☐ EFMHA ☐ REGION _____ ☐

Signature: _____ Date: _____

office use only:
Authorized Signature: _____ Title: _____
(Treasurer/President, Chair/Co-Chair, NARHA Staff)