

Internationally Funded Visit to Chartered Chapter Reimbursement Request

(Send original to International Headquarters. Keep a copy for Regional Files)

Chapter Name:	
Region #:	
Date of Visit:	
Representative who made this visit:	
Director's Name:	
President's Name:	
Purpose of this visit:	
Ground Transportation	
From:	To:
Total Miles:	Total Kilometers:
<i>(Current mileage reimbursement rate is \$.555/mile. Kilometers will be converted to miles.)</i>	
IMPORTANT – Please note that expenses will not be reimbursed without a receipt for each item!	
List of Expenses	
Total mileage: \$.555 per mile	\$
Tolls (include receipt)	\$
Parking (include receipt)	\$
Other _____	\$
Total reimbursement request US	\$
Total reimbursement request other currency	\$
Air Transportation (Prepaid by Journey House, for reference only)	\$
MAKE CHECK PAYABLE AND MAIL TO:	
Name of Region:	
Name of Finance Coordinator:	
Mailing Address:	
City, State, Zip, Country:	
HQ Office Use Only - Reimbursement Approved by:	
HQ Office Use Only - Approval Date:	

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 Email: education@sweetadelines.com