

2017 – 2018 Internationally Funded Visit to Chapter in Revitalization 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: | |
| Reimbursement Approved By (HQ Office): | |
| Approval Date: | |

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