



Internationally Funded Visit Report

Please submit a separate reimbursement form with this form. Please note that this form must be filled out for visits using Journey House as well. Attach a second sheet if necessary.

Chapter Name:	Chapter Region:
<input type="checkbox"/> Chartered Chapter	<input type="checkbox"/> Revitalization Chapter
Date of Visit:	Visit made by:
Chapter President:	Chapter Director:

Visit Summary

Reason for visit:

Please describe what you worked on during your visit.

Are there any areas of concern? If so, what?

Any comments?

List of Expenses

Note: Expenses will not be reimbursed without a receipt for each item. You can be reimbursed for air travel **or** mileage/taxi fares/tolls/Uber's, not both.

Ground Transportation: Air Transportation (Prepaid by Journey House; for reference only):

From: _____ To: _____



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Total Miles:	Total Kilometers:
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Current mileage reimbursement rate is \$0.585/mile. Kilometers will be converted to miles.

Total Mileage: \$0.585/mile: \$

Tolls (include receipt): \$

Parking (include receipt): \$

Other: _____: \$

Total Reimbursement Request USD: \$

Air Transportation (prepaid by Journey House; will not be reimbursed): \$

MAKE CHECK PAYABLE AND MAIL TO:

Name of Region:

Name of Finance Coordinator:

Mailing Address:

City, State, Postal Code, Country:

Reimbursement Approved by (HQ Office):

Approval Date:

Mail or fax this form to:
Sweet Adelines International
9110 S. Toledo Ave.
Tulsa, OK 74137
Fax: 1-918-388-8083
Email: member@sweetadelines.com