

USPC Middle California Region Expense Form

NAME: _____ DATE: _____

Club Name: _____

I request reimbursement for amounts expended by me as _____

in connection with _____

on (date/s) _____

1. TRAVEL a. Mileage: _____ @ \$0.25 per mile\$ _____

b. Tickets: Airline, Bus, Train

(Receipts must be attached) \$ _____

2. POSTAGE (Receipts must be attached)\$ _____

3. TELEPHONE (Attach copies of marked monthly bills)\$ _____

4. PRINTING/PHOTOCOPIES (Attach invoices)\$ _____

5. FEE (If applicable)\$ _____

6. Other (Explain)\$ _____

7. TOTAL\$ _____

8. BALANCE DUE (amount to be refunded to you)\$ _____

Chairperson/Organizer's Approval: _____

Send Check to: _____

Signature: _____

All requests for reimbursement of expenses must be accompanied by receipts. This applies to tolls, parking, meals, copies, etc. This is an IRS requirement for non-profit organizations. This voucher should be approved by your Chairperson/Organizer before submitting it to USPC for reimbursement.

Send To: Deb Kirsch: debk@ponyclub.org or PO Box 509, Clayton, CA 94517

Or Call/Text with Questions: (508) 415-2587

FOR OFFICE USE ONLY

Received _____

Approved _____

Date Paid _____

Check# _____