This form is to be comple	eted for	expenses paid out of poo	cket when reque	esting reimbursemer	nt or an
advance for services app to confirm mileage shoul advance.					
	ck One:				
Reimbursement: Advance:					
					I
					-
					-
Service P Meeting Expenses:	osition:				•
Meeting Expenses.		Registration Fee			
	Travel (provide online calculation)				
# of mile traveled					
		For IRS Rate(2023)			
For gas only, provide receipts					TEXT
Describe Alt. reimbursement up to IRS rate					
Mileage amount by method selected					
Parking, Ferry Tolls, Bridge (receipts):					
Lodging					
Food					
Other (describe):					
Total Meeting Expenses for this event					
Other Expenses:		Description		Date	Amount
	Copies:				
Lite	erature:				
	Other:				
		Total average 4hi			
Total expenses this request:					
Less advance already received:  Amount of reimbursement requested:					
OR					
Amount of advance being requested:					
			g		
Send to District 46 Treas	urer:	Attn: District 46, PO Bo 360-630-0060 dist4	ox 484, Anacorte 6treasurer@are		
Mail Payment to this addre	ess:				_
OR I will pick up payment at:					

Date Submitted:

District 46 Expense Request Form 2023