FEATHER RIVER RAIL SOCIETY REIMBURSEMENT FORM

NAME:					
ADDRESS:					
			DATE:		
lf travel: p	urpose of trip:				
	*****PL	EASE ATTACH ORIGINAL RI	ECEIPTS FOR REIMBURSE	MENT****	
Actual:	VEHICLE REIMBU OR	JRSEMENT: Standard: _	**(See Note MILES X	<i>Below)**</i> \$0.375 AMOUNT	:
OTHE	R: Y N EXPLANA	TION:		AMOUNT	:
MEALS:	Y N	RECEIPTS ATTA	CHED: Y N		
DATE	BREAKFAST	LUNCH	DINNER	MEAL TOTALS:	
		тот	AL MEAL EXPENSE:		\$-
EXPENSES:		RECEIPTS ATTA	CHED: Y N		
DATE	STORE	PURPOSE	CODE TO:	TOTALS:	
			TOTAL EXPENSE:		\$ -
			TOTAL EXPENSE.		ψ -
		TOTAL REIMBURSE	MENT REQUESTED:		\$0.00
	I CERTIFY THE	ABOVE IS TRUE AND	CORRECT.		
CLAIMANT:				DATE:	
APPROVED:				DATE:	
	OT REIMBURSABLE IF CLAIMIN RS_Reimbursement_Form_				