

Sauk Rapids-Rice Education Association Expense Reimbursement Request

<p><i>Please complete the information below and return it to:</i> Michael Lah, SRREA Treasurer 35 McKinley Pl N St. Cloud, MN 56303</p> <p><i>Questions, contact: Michael Lah at 218-235-9345</i></p>	<p><u>DO NOT WRITE IN THIS SECTION</u> Date received: _____</p> <p>Payment Authorized by: <i>Michael Lah, SRREA Treasurer or Trent Ziegler, SRREA President</i></p> <p>Date mailed to recipient _____ Check # _____</p> <p>Amount _____</p>
<p>Please Print (Mailing Address)</p> <p>Name</p> <p>Address</p> <p>City, State, Zip</p> <p>Phone</p> <p><i>"I hereby certify that this is an accurate account of my expenses I am claiming."</i></p> <p><i>Signature Date:</i></p> <p>SRREA Leadership Position if Applicable (indicate which):</p>	

Date(s) of Meeting/Event	City & State (if other than MN)	Meeting Location	Event/Council Budget

Mileage Expense	Indicate Beginning & End Locations of Trip	Total Miles	Line Total
Mileage (\$.545/mile)	to		\$
Parking Cost (if applicable)	Rate per Hour/Day:		
		Total of Mileage	\$
Other Expense	Indicate Expense Incurred	Amount	Line Total
		\$	\$

		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Total Other	\$
		Total Expenses	\$

Be sure to attach ALL itemized receipts to receive full reimbursement requested