

District 18 SMAA Expense Reimbursement Form

Name _____
 Address _____

Date Submitted _____
 Submitted By _____
 Paid By _____
 Check # _____

Date	Description of Expense	Expense Category	Expense Sub-Category*	Miles Traveled	Amount of expense (not mileage)	Mileage Reimbursement @ \$0.35/ mile	U.S. \$
		Travel	DCM Travel, Lodging & Per Diem	0	\$ 0.01	\$0.00	\$0.01
		Travel	Alt DCM Travel, Lodging & Per Diem	0		\$0.00	
		Travel	Officers' Travel, Lodging & Per Diem	0		\$0.00	
		Travel	Committee Travel & Per Diem	0		\$0.00	
		District	Printing				
		District	Postage				
		District	P.O. Box Rental				
		District	Bank Fees				
		District	Miscellaneous : Workshops etc.				
		District	Supplies				
		District	D18 Workshop				
		District	Website				
		District	District 18 Rent				
		Committee	Archives				
		Committee	Corrections				
		Committee	CPC				
		Committee	Finance/Treasury				
		Committee	Grapevine				
		Committee	Group Records				
		Committee	Newsletter				
		Committee	Literature				
		Committee	Public Information				
		Committee	RCSN				
		Committee	Treatment Facilities				
						Total expenses	

Mail expense reimbursement with appropriate receipts to: District 18 Treasurer PO BOX 582111 Minneapolis MN 55458. All reimbursements should be paid at the next District Meeting after submission of the proper forms. In the event that the Treasurer is unable to dispense funds within this timeframe, the Treasurer will consult the D.C.M. and the Finance Chair immediately and inform the awaiting party, and reimbursement will be made as soon as funds become available.