



## LOUISIANA DISTRICT REIMBURSEMENT REQUEST FORM

Date:

\_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Be Specific - Name of Event, date and reason for expenditure)

\_\_\_\_\_

### EXPENSES:

Meals \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Rally \$ \_\_\_\_\_

Other (Identify) \$ \_\_\_\_\_ Explain: \_\_\_\_\_

Total Costs \$ \_\_\_\_\_

### Approved By:

\_\_\_\_\_

Approving Officer's Signature

Expense forms are to be mailed to:

Louisiana District

37122 Delos Lane

Mount Hermon, LA 70450

Reimbursement checks will be issued after being approved.

Your check will be mailed to you, using the supplied address unless other arrangements have been made.

**A copy of receipts must be submitted in order to receive reimbursement.**

**Please keep copies for your records.**

\_\_\_\_\_

Date Received    Check Number