

**LOUISIANA CHAPTER K
GOLD WING ROAD RIDERS ASSOCIATION
REIMBURSEMENT REQUEST FORM**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PURPOSE: (Be Specific – Name of Chapter Event, date and reason for expenditure)

EXPENSES:

Meals	\$ _____	Original receipt MUST be submitted in order to receive reimbursement. Please keep copies for your records.	
Lodging	\$ _____		
Postage Supplies	\$ _____		
Greeting Cards	\$ _____		
Event Supplies/Groceries	\$ _____		
Other (Identify)	\$ _____		Explain: _____
Total Costs	\$ _____		

*****NOTE: ONLY ACTUAL EXPENDITURES WILL BE REIMBURSED*****

Expense forms are to be mailed to: Chapter LA-K
3436 Magazine Street #260
New Orleans, LA 70115

Reimbursement checks will be issued at the next chapter meeting after being received. If you would like it mailed to you please enclose a self addressed stamped envelope.

For Office Use Only	Date Received	Check Number
Approved By: _____	_____	_____
Approving Officer's Signature		

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