

**2016 REQUEST FOR REIMBURSEMENT FORM**

**AzFRW OPERATING ACCOUNT**

Please return completed form to:

Susan Marcell (AzFRW TREASURER)  
8565 E Madera Drive, Sierra Vista 85650

602-370-3435 or [LSMarcell2@gmail.com](mailto:LSMarcell2@gmail.com)

DATE:

NAME:

AzFRW OFFICE:

ADDRESS:

& ZIP CODE:

PHONE:

EMAIL:

The following are reasonable and necessary expenses of AzFRW that I have incurred.

**Other than mileage, receipts to be attached.**

**Mileage @ .575/mile** (driver only)

Round Trip miles: \_\_\_\_\_ x .575 = \$ \_\_\_\_\_

\_\_\_560.1 Printing/Copies/Supplies: Total: \$ \_\_\_\_\_

For: \_\_\_\_\_

\_\_\_560.2 Postage/UPS: Total: \$ \_\_\_\_\_

For: \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_

\_\_\_\_\_  
TREASURER OR OTHER APPROVED SIGNATORY:

APPROVED:

DATE:

CHECK #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

POSTED to QB

Scanned

Acct # \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_