



MILEAGE/EXPENSE REIMBURSEMENT FORM

Lure Em for Life

mail receipts to:
 Attn: Lure Em for Life P.O. Box 547, Bismarck, ND 58502
 email to: pms@midco.net

Today's Date							
Name							
Email address:	Street Address						
	City		State		Zip Code		
Reason for Expenses							
MILEAGE REIMBURSEMENT							
Check one: <input type="checkbox"/> Towing boat (.56/mile) <input type="checkbox"/> Vehicle only, no towing (.42/mile)							
Number of miles driven to and from camp: _____							
Camp Director mileage approval _____							
ITEMIZED EXPENSE REIMBURSEMENT							
Check one: <input type="checkbox"/> Receipts attached <input type="checkbox"/> Receipts already mailed <input type="checkbox"/> Receipts will be mailed							
<i>Absolutely NO reimbursement without receipts</i>							
Date Incurred	Items				\$ Amount		
Total Check Amount							
Approved by Camp Director					Date Approved		