



REQUEST FOR REIMBURSEMENT 2018-2019

Please return completed form to:
Cynthia Casaus (AzFRW TREASURER)
2367 E. Desert Trumpet Rd. Phoenix 85048
602-300-4185
cindy.casaus@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 @ .545 /mile (driver only)

Round Trip miles: _____ x .545 = \$ _____

___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: _____