



AzFRW REQUEST FOR REIMBURSEMENT 2020

Please return completed form to:
Donna Stawicki, AzFRW Treasurer
18011 Broken Bow Ct. Sun City, AZ 85373
623-455-8850 / azfrwdonalyn@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: \$ _____

Submit any expense or mileage reimbursements within 60 days.
Expenses submitted later than 60 days will not be reimbursed.

TREASURER OR OTHER APPROVED SIGNATORY:

APPROVED: _____ DATE: _____

CHECK #: _____ TOTAL:\$ _____

Posted to QB

Scanned

Acct # _____ Date: _____ Date: _____