

**Soroptimist International of the Americas Northeastern Region**

**Request for Reimbursement**

<b>Club Name, Committee or Board Member</b>		
<b>Date</b>		
<b>Name</b>		
<b>Address</b>		
<b>Daytime Phone</b>		
<b>Evening Phone</b>		

Date	Category (choose from below)	Description	Amount
		<b>Total Expenses Incurred</b>	<b>\$ -</b>
		<i>Expenses previously reimbursed</i>	
		<b>TOTAL DUE</b>	<b>\$ -</b>

**Original receipts must be attached to reimbursement form**

Mileage rate: \$ 0.30 per mile

**Mail to: Linda Decelles, SIA NE Region Treasurer, 16 Garland Rd., West Hartford CT 06107**

Expense Categories	
Growth & Development-Chartering new clubs	Janet Pfeiler Grant
Growth & Development-Existing clubs	Region Project/Leadership Development
Leadership development	Fall Workshop
Public Awareness-Communication	Spring Conference
Public Awareness-Advertising	Travel & Lodging Exp
Ruby Award	Biennium Audit