

Soroptimist International of the Americas Northeastern Region

Request for Reimbursement

Club Name, Committee or Board Member			
Date			
Name			
Address			
Daytime Phone			
Evening Phone			

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

Original receipts must be attached to reimbursement form

Mileage rate: \$ 0.30 per mile

Mail to: Barbara Simmons, SIA NE Region Treasurer, 163 Sycamore Drive, Prospect, CT 06712

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