MOHAWK-HUDSON CHAPTER, A.M.C.

Request for Reimbursement

Name: ____________________________________   Date: _________________

Purpose of expenditures/travel: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Please be sure to attach all receipts.
NOTE: AMC is a tax-exempt organization. You should not be paying sales tax on any
items purchased (use tax-exempt certificate when you shop for AMC goods).

PURCHASES:

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<th>Date</th>
<th>Item</th>
<th>Cost</th>
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Total  $_________________

Attach additional sheets if needed.

AMC reimburses mileage for official business at a rate of $.50 per mile (as of Fall 2008).

TRAVEL:

______________miles from ________________________ to _____________________

______________miles from ________________________ to _____________________

Total miles _______@ $.50 = $_______

I hereby certify that these expenses were incurred by me for an approved activity of the
Mohawk-Hudson Chapter of the AMC.

Signature ________________________________