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:

Date	Item	Cost

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 _____