

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 \_\_\_\_\_