

NORTH PACIFIC YEARLY MEETING
OF THE RELIGIOUS SOCIETY OF FRIENDS

Expense Reimbursement Request

NAME _____ DATE _____

EMAIL _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

This reimbursement request is for:

Committee expense - specify committee _____

Reps to Orgs expense - specify organization _____

Other expense, specify _____

EXPENSE	AMOUNT
Air/Rail/Bus	
Taxi/Light Rail	
Auto miles x \$.20/mile	
Lodging	
Meals	
Conference Registration	
Miscellaneous	
TOTAL EXPENSES	

Amount of in-kind contribution to NPYM \$ _____

TOTAL REQUEST FOR REIMBURSEMENT \$ _____

Signature (or type name if filling out form electronically)

Please mail or email this form **with a copy of your receipts** to: Donal Sullivan
4001 9th Ave NE
Seattle, WA 98105
treasurer@npym.org