

North Pacific Yearly Meeting of the Religious Society of Friends

Expense Reimbursement Request

Name _____ Date _____

Email _____ Phone _____

Address _____

City/State/Zip _____

Please select an expense type and provide specific details for reimbursement:

Committee expense _____ committee

Rep to Org expense _____ organization

Other Expense _____

Air/Rail/Bus	
Taxi/Light Rail/Ride Service	
Auto miles	
Lodging	
Meals	
Conference registration	
Miscellaneous	
Total Expenses	

Amount of in-kind contribution to NPYM _____

Total Reimbursement Request _____

Signature

Please email or mail this form
Include copies of receipts

Corin Whittemore
PO Box 1283
Roseburg OR 97470
treasurer@npym.org