

Las Cruces Aquatic Club

Expense Reimbursement Form



This form is to be returned no later than 30 days past the day when the expense was incurred. All forms are expected to be in accordance with the expense reimbursement policy. Be sure to attach the original receipts.

Name:						
Mailing Address:						
City:					Zip:	
Phone: Date Event Started:			Email: Date Event Ended:			
DARKS SAME SE	V 4 5 1 2 M L 1 1					
		Меа	Reimbursement			
Expense #	Date expense was incurred	Name of Event where expense was incurred	Breakfast = B Lunch = L Dinner = D	Name of Restaurant	Did hotel or host meet provide a meal? Y or N	Amount
1 1 1						\$
2						\$
3						\$
4						\$
5 > 7					1	\$
8					7	\$
9000		1			1	\$ \$
10						\$
11					1	\$
12					-	\$
	If N	lecessary Continue	on other expense t	form, or on back		
					Total	\$
					(IOLA)	ֆ
Mile	eage - Rented V ehi	cle		Mile	eage - Own Vehicl	
Mile Date of Expense	Total Amount Paid for Rental and Insurance (From Receipt)	Total Amount of Gas (From Receipt)		Miles Traveled		
	Total Amount Paid for Rental and Insurance	Total Amount of Gas			eage - Own Vehicl	e
	Total Amount Paid for Rental and Insurance	Total Amount of Gas			eage - Own Vehicl Rate per mile	e
	Total Amount Paid for Rental and Insurance (From Receipt)	Total Amount of Gas (From Receipt)	enses		eage - Own Vehicl Rate per mile	e
	Total Amount Paid for Rental and Insurance (From Receipt)	Total Amount of Gas (From Receipt)	enses escription of Expens	Miles Traveled	eage - Own Vehicl Rate per mile	e
Date of Expense	Total Amount Paid for Rental and Insurance (From Receipt) Total	Total Amount of Gas (From Receipt)		Miles Traveled	Rate per mile	e
Date of Expense	Total Amount Paid for Rental and Insurance (From Receipt) Total	Total Amount of Gas (From Receipt)		Miles Traveled	Rate per mile	e
Date of Expense Expense Number	Total Amount Paid for Rental and Insurance (From Receipt) Total	Total Amount of Gas (From Receipt)		Miles Traveled	Rate per mile	e
Date of Expense Expense Number 1 2	Total Amount Paid for Rental and Insurance (From Receipt) Total	Total Amount of Gas (From Receipt)	escription of Expens	Miles Traveled	Rate per mile	e
Expense Number 1 2 3 v signing below, I erjury, that this is essary expenses	Total Amount Paid for Rental and Insurance (From Receipt) Total Date of Expense hereby certify, und a true and correct incurred by me fo	Other Exp Determine the penalty of claim for	escription of Expens	Miles Traveled Se Total Attach all orig	Rate per mile x \$0.625 Amount inal receipts	e
Date of Expense Expense Number 1 2 3 v signing below, I arjury, that this is	Total Amount Paid for Rental and Insurance (From Receipt) Total Date of Expense hereby certify, und a true and correct incurred by me fo	Other Exp Determine the penalty of claim for	escription of Expens	Miles Traveled See	Rate per mile x \$0.625 Amount inal receipts se Only Amount	e
Expense Number 1 2 3 v signing below, I erjury, that this is essary expenses	Total Amount Paid for Rental and Insurance (From Receipt) Total Date of Expense hereby certify, und a true and correct incurred by me fo	Other Exp Determine the penalty of claim for	escription of Expens	Miles Traveled Se Total Attach all orig	Rate per mile x \$0.625 Amount inal receipts se Only	e
Expense Number 1 2 3 v signing below, I erjury, that this is essary expenses	Total Amount Paid for Rental and Insurance (From Receipt) Total Date of Expense hereby certify, und a true and correct is incurred by me for uses only.	Other Exp Other Exp Declar penalty of claim for r the purpose of	escription of Expens	Miles Traveled Se Total Attach all orig	Rate per mile x \$0.625 Amount inal receipts se Only Amount	e