

PANEL 58 REIMBURSEMENT REQUEST

"It takes one person to start something, but many others to keep it going." Lois Wilson, MVOJ, pg. 262

ASSEMBLY May 4-6, 2018

NAME: (please print) _____

Please specify: Coordinator Officer Past Delegate Event Chair Other _____

Room Number _____

Roommate: (print) _____

Registration _____

Gasoline Cost (round trip) _____

Tolls _____

Food (Max \$75) _____

Expenses _____ ***

*** Expenses related to your position (copying, printing, telephone, supplies). I do not need receipts. You may want to keep them so you can pass them along to the next Service volunteer for an idea of what to expect. Please keep in mind your annual Budget allowance.

Total Reimbursement _____

Member Signature _____

REIMBURSEMENT GUIDELINES:

Hotel: Area will pay for your hotel room on the Master Bill. You must use a credit card for your incidentals. Area will pay for 1/2 of total room cost up to \$104 per room (double occupancy), 2 nights max. Any member staying alone will be required to pay 1/2 of the room cost before the end of the meeting. Please contact the Chairperson with any changes at chairperson58@afgarea9.org.

Food: Area reimbursement guidelines: \$10 per breakfast (2), \$15 per lunch and \$20 per dinner (2).

Gas and Tolls: Area will reimburse actual cost of gas (round trip) and tolls. Please consider ride-sharing to save on these costs.

GEMS: Will be asked to pay for their room and seek reimbursement from their Districts.

Please contact me with questions at treasurer58@afgarea9.org or 321.514.5102 Thank you.

Llew E.

Panel 58 Treasurer

Area Use only: Paid _____ Check _____