

Michigan Reading Association
Expense Reimbursement Request

Date	purpose Destination (to & from)	Total Mileage	Mileage rate X .40	Food & lodging	office Supplies	Misc.	Account number must be entered for processing	Daily Total
Committee to be charged: _____							total Amount	

By signing this form I authorize the above budget line accounts to be charged .

Committee Chair Signature: _____

Date:

MRA Treasurer Signature: _____

Date:

Send check to:

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Michigan Reading Association
668 3 Mile Road NW, Suite A
Grand Rapids, MI 49544
Phone: (616) 647-9310
(800) 672-7323
Fax: (616) 647-9378
Email: lguzman@michiganreading.org

Signature of Committee Chair and Treasurer must be obtained prior to mailing to MRA office.
Please allow 2-3 weeks "office processing time".

This form must be submitted within 30 days of event/purchase.