

**PACIFIC YEARLY MEETING**

**of the RELIGIOUS SOCIETY OF FRIENDS**

Return to:

Pacific Yearly Meeting  
PO Box 2692  
Santa Rosa, CA 95405

**REIMBURSEMENT REQUEST FOR EXPENSES OF  
FRATERNAL DELEGATES OR LIAISONS  
APPOINTED BY PYM TO ATTEND OTHER  
CONFERENCES OR MEETINGS**

To be completed by the PYM delegation convener if more than a single person is included in the delegation.

Description of conference, board, or delegation: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Designated PYM convener of delegation (if any): \_\_\_\_\_

Name and current address of each delegate designated by PYM to attend the meeting or conference (strike out names of those who did not attend). Enter convener on line 1.

Amount to be reimbursed

1. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL:

BUDGET (Total may not exceed this budget): \$ \_\_\_\_\_ \$ \_\_\_\_\_

Attach receipts and ticket stubs, or descriptions of expenses incurred by the delegates or liaisons.

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

(signature)

Travel and other expenses (registration, room & board, etc.) are reimbursed up to the total amount in the annual budget allocation or accumulated reserve funding available. If more than one person is attending a designated conference or meeting, it is the responsibility of the Convener to obtain an agreement as to how the available funds are to be allocated among the several persons. (See *PYM Travel Expense Reimbursement Policies* for more information.)