PACIFIC YEARLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS

INDIVIDUAL REIMBURSEMENT REQUEST FOR DELEGATES AND LIAISONS

ORGANIZATION__________________________ CONVENER__________________________

REPRESENTATIVE NAME_________________________________________________________

ADDRESS_________________________________________________________________________

TELEPHONE_________________ EMAIL________________________

TITLE OF MEETING: _____________________________________________________________

DATE AND PLACE OF MEETING: ___________________________________________________

EXPENSE CLAIM

TRAVEL: AIRMARE/TRAIN/BUS (attach receipt)
GROUND TRANSPORT (attach receipt)
MILES DRIVEN from ____________ to ____________

CONFERENCE FEE: __________________________

ACCOMMODATIONS (if not part of conference fee, attach receipt): _______________________

OTHER EXPENSE (hardship or extraordinary requires convener approval, please specify):

____ I WISH TO MAKE A DONATION OF ALL ______ OR $_____________ OF MY
EXPENSES TO PYM.

Signature_________________________________________________________

This form and receipts are to be submitted to the Convener for approval. Convener
then sends requests to PYM Treasurer. Payment will be made by PYM Treasurer to
address specified by Delegate. Forms that are incomplete or illegible will be
returned by the Treasurer and will result in a delayed payment.