

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: AIRFARE/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.