

COMMITTEE: _____

CLERK: _____

DATE OF MEETING: _____

LOCATION OF MEETING: _____

Please fill out the table below for ALL committee members who attend the meeting. The committee clerk should submit the completed form to the Treasurer, who will send reimbursement to each committee member as appropriate.

Name & Mailing Address	Travel Expenses (Circle "none" or fill in)	Other Covered Committee Expenses	Disposition of Reimbursement	Supplemental Expenses Request?
1. e-mail:	None Home Mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	__ Mail me a check __ Donate to PYM __ Donate to a PYM fund Specify:	__ Full reimbursement request for exp over cap __ Other extraordinary expenses (explain): Approved by clerk: _____
2. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	__ Mail me a check __ Donate to PYM __ Donate to a PYM fund Specify:	__ Full reimbursement request for exp over cap __ Other extraordinary expenses (explain): Approved by clerk: _____
3. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	__ Mail me a check __ Donate to PYM __ Donate to a PYM fund Specify:	__ Full reimbursement request for exp over cap __ Other extraordinary expenses (explain): Approved by clerk: _____
4. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	__ Mail me a check __ Donate to PYM __ Donate to a PYM fund Specify:	__ Full reimbursement request for exp over cap __ Other extraordinary expenses (explain): Approved by clerk: _____

Please Note: Those who drive will be reimbursed at the PYM Guideline rate of 25¢/mile for the round trip mileage from their *home monthly meeting* to the *monthly meeting* closest to where you met. Air/ground transportation is normally reimbursable for actual expenses *up to* the Guideline cap (different limits apply for Hawaii, Mexico City and Guatemala). However, if your expenses exceed the Guideline cap, you may request full reimbursement of your listed expenses by checking the "Full reimbursement request" box. Please provide receipts when requesting reimbursement for specific expenses.

Return to: Roy Allen, PYM Treasurer – 580 Tamarack Drive, San Rafael, CA 94903-3323 (PYMtreasurer@gmail.com)

Name & Mailing Address	Travel Expenses (Circle "none" or fill in)	Other Covered Committee Expenses	Disposition of Reimbursement	Supplemental Expenses Request? (Must be initialed by clerk)
5. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	___ Mail me a check ___ Donate to PYM ___ Donate to a PYM fund Specify:	___ Full reimbursement request for exp over cap ___ Other extraordinary expenses (explain): Approved by clerk: _____
6. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	___ Mail me a check ___ Donate to PYM ___ Donate to a PYM fund Specify:	___ Full reimbursement request for exp over cap ___ Other extraordinary expenses (explain): Approved by clerk: _____
7. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	___ Mail me a check ___ Donate to PYM ___ Donate to a PYM fund Specify:	___ Full reimbursement request for exp over cap ___ Other extraordinary expenses (explain): Approved by clerk: _____
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9. e-mail:	None Home mtg: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	___ Mail me a check ___ Donate to PYM ___ Donate to a PYM fund Specify:	___ Full reimbursement request for exp over cap ___ Other extraordinary expenses (explain): Approved by clerk: _____

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