

PACIFIC YEARLY MEETING

of the RELIGIOUS SOCIETY OF FRIENDS

REIMBURSEMENT REQUEST
FOR COMMITTEE EXPENSES

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. "drive from" should be the name of your home Meeting)	Other Covered Committee Expenses	Disposition of Reimbursement	Supplemental Expenses Request?
1. e-mail: _____	None Drove from: _____ 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 Drove from: _____ 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 Drove from: _____ 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 Drove from: _____ 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: _____

Return to: Roy Allen, PYM Treasurer – 580 Tamarack Drive, San Rafael, CA 94903-3323 (treasurer@pacificyearlymeeting.org)

Please Note: Those who drive will be reimbursed at the PYM Guideline rate of 25¢/mile for the round trip atlas 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 of 25¢/mile for the round trip meeting-to-meeting mileage (different limits apply for Hawaii, Mexico City and Guatemala). However, if your expenses exceed the mileage 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.

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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.	None Drove from: _____ 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 Drove from: _____ 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 Drove from: _____ 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: _____
8. e-mail:	None Drove from: _____ 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: _____
9. e-mail:	None Drove from: _____ 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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