

**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)	Other Covered Committee Expenses	Disposition of Reimbursement	Supplemental Expenses Request? (Must be initialed by clerk)
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: _____	__ Hardship request for expenses 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: _____	__ Hardship request for expenses 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: _____	__ Hardship request for expenses 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: _____	__ Hardship request for expenses 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 atlas mileage from their *home monthly meeting to the monthly meeting* closest to the location at which you met. Air/ground transportation will be reimbursed for actual expenses *up to* the Guideline maximum of 25¢/mile for the round trip meeting-to-meeting mileage. In cases where this creates a hardship, the Committee Clerk should request Supplemental Committee Expenses to cover expenses in excess of the Guideline maximum.

Return to: PACIFIC YEARLY MEETING, EDWIN C. FLOWERS, TREASURER  
PO BOX 2692, SANTA ROSA CA 95405-2692

Revised 2010-08-25/GAW

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 Drove from: _____ Air/ground fare: \$ _____ Other: \$ _____ Specify:	Phone: \$ _____ Copies: \$ _____ Other: \$ _____ Specify:	___ Mail me a check ___ Donate to PYM ___ Donate to a PYM fund Specify:	___ Hardship request for expenses 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:	___ Hardship request for expenses 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:	___ Hardship request for expenses 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:	___ Hardship request for expenses 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:	___ Hardship request for expenses over cap ___ Other extraordinary expenses (explain):  Approved by clerk: _____

Return to: PACIFIC YEARLY MEETING, EDWIN C. FLOWERS, TREASURER  
PO BOX 2692, SANTA ROSA CA 95405-2692

Revised 2010-08-25/GAW