National Association for Interpretation
REIMBURSEMENT FORM

I am requesting reimbursement for the items listed below in connection with my official duties as _____.

Print name and address of payee:

Name _____

Address _____

City, State, Zip _____

Phone _____ e-mail _____

SSN or FEIN _____

Date Expense Incurred	Item	Amount	Office Use Only

Total Amount of Check _____

Instructions to Payee: If regional funds are affected, send this form to regional treasurer. If national funds are affected, send this form to national office at PO Box 2246, Fort Collins CO 80522 or fax to 970-484-8179. Receipts to support reimbursement claims may be requested at any time. Requests for reimbursement may be denied if receipts cannot be produced. Mileage is reimbursed at the federal government rate specified under current tax law.

Approved for payment by: _____
(Executive Director, Regional Director, Section Chair or Treasurer)