

# REQUEST FOR REIMBURSEMENT

**DISTRICT 22**  
**PO BOX 1891**  
**SAN LUIS OBISPO, CA**  
**93406-1891**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Service Position: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date & Location of Event: \_\_\_\_\_

Signature: \_\_\_\_\_

<del>Not mileage</del> Purchase Date	Paid To	For	Amount
<b>Mileage – Round-trip</b> $\Rightarrow$ # of Miles: _____ X \$ _____ per mile =			
<b>From:</b> _____			
<b>TOTAL REIMBURSEMENT</b>			\$ _____

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Ck #: \_\_\_\_\_