

# NWTA Expense/Mileage Reimbursement Form

<b>Date Submitted to Treasurer:</b>	
<b>Date of expense:</b>	
<b>Submitted by:</b>	
<b>Circle the building where you receive your mail</b>	SHS      ETMS      ER      West      CV      Tusc.
<b>Reason for expenses:</b>	

\*NYSUT rules will not allow us to write a check for reimbursement for items purchased without a receipt.

\*\*Attach all receipts to this form and submit to the NWTA Treasurer within 30 days of the date of the expense/purchase.

## Itemized Expense/Receipt list:

Date of Purchase:	Purchased from:	Amount:
		<b>Total:</b> _____

# Mileage:

Please indicate the number of miles you are requesting. You must include dates of travel with the number of miles traveled both to and from your destination.

Date of Travel:	Departure Location	Destination Location	Miles Traveled
			<b>Total Miles Traveled</b> _____

Treasurer Use Only	
Miles traveled for reimbursement:	_____
Multiplied by Rate Per Mile	X _____
<b>Total Due to Member for Mileage Reimbursement =</b> _____	