Volunteer/Intern Reimb Request Form

Date: _____

Requested by: _____

Date needed: _____ Mail check to payee? Yes No *Circle one*

Check Amount: _____

Make check Payable to: _____

Lobbying? (check box) *Address:* _____

Direct Lobbying ☐

Grass Roots Lobbying ☐

Class Code(s)	Account # (s)	*Detailed Reason for Check:*
	mileage	
	meal	
	supplies	
	other	

(*internal use only*) Approved by: _____

Mileage Summary

Date	Destination	Mi. Before	Mi. After	Total Mileage	x $.35 = total amount
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