SIA North Atlantic Region - District 5 Request for Re-imbursement			
Date			
Name			
Address			
Daytime Phone			
Evening Phone			
Date	Category (choose from below)	Description	Amount
		Total Expenses Incurred	\$ -
		Total Exponess meaned	V
		Expenses previously reimbursed	\$ -
		TOTAL REQUESTED	\$ -
	*** Original receipts <u>must</u> be a	e approved <u>before</u> spending funds! *** attached to re-imbursement form! ***	
	ent rate: \$ 0.30 per mile (attach Mapq	uest, Google, etc. map with mileage shown)	
Mail to: Tracy Sca	la, 17 Thistle Hollow, Avon CT	06001	
		<u> </u>	
Mambarahir Cha	Expense Categ		
Membership - Chartering new clubs		District Director's Expense (Heidi) Governor's Expense (Diane)	
Membership - Current clubs Leadership Training		Co-Admin Officer's Expense (Beth)	
Website - Maintenance/Upgrade		Spring Conference	
Official Visits (Region Officers only)		Fall District Meeting	
NAR Board Meeting		Miscellaneous	