

REIMBURSEMENT REQUEST FORM

Sign and return to MARSP within 30 days Keep Pink Copy

NAME:								
ADDRESS:_	Street			0.1			01-1-	7'- 01-
				City			State	Zip Code
PURPOSE:								
(<u>See</u> Instru	ctions on <u>Back</u>)							
TRANSPOR	RTATION: (Includ	le bridge tolls he	re) (50	0¢ per mi	le)			
			MILES		COMMITTEE/EVENT		AMOUNT	
DATE	FROM	ТО		Round Trip				DUE
						ANIODOD	TATIONI TOTAL	
PER DIEM:	Attach receipts	į			IH	(ANSPOR	TATION TOTAL	
					OTHER		COMMITTEE/	AMOUNT
DATE	MEALS	LODGING	PAI	RKING	(Ex	(plain)	EVENT	DUE
l		<u> </u>	I		ı	PF	R DIEM TOTAL	
Traveler/Board Member			Date			TRANSPORTATION		
					PER DIEM			
Executive Director			Date			ТО		
						LI	ESS ADVANCE	
President			Date	TOTAL DUE				
							ACCT#	

Effective 1-1-11

Bills for traveling expense must give the purpose of each trip, the means of travel, price of meals, the hotel, **RECEIPTS ATTACHED,** and a full explanation of any other expense for which reimbursement is required. Persons reimbursed by the Association for traveling expenses will be paid for the type of travel they actually use.

Reimbursement for traveling expenses by automobile will be at the rate of 50¢ per mile. AUTO MILEAGE IN EACH CASE WILL BE BASED UPON THE MILEAGE GIVEN IN THE LATEST OFFICIAL MICHIGAN HIGHWAY MAP. Those traveling by bus, railroad, or plane will be reimbursed for the actual cost of their tickets. Traveling expenses should be reduced whenever possible by two or more members traveling to meetings together. If you ride with someone, give the name of the driver; if you drive, list names of passengers. No bills will be allowed unless authorized by the President and fully itemized. Car rental must be **preapproved** by the President.

The daily maximum meal allowance is \$30.00. Maximum to be used for three meals at costs determined by the traveler. If MARSP furnishes a meal during the day, that cost must be deducted from the \$30.00 to determine the amount which can be used for the remainder of the meals for that day. MARSP does not reimburse alcoholic beverages.

Overnight Room – \$75.00 (For meetings held in Lansing per Board of Directors.) \$75.00 (MARSP approved meetings outside of Lansing.)

Telephone expenses reimbursed at actual cost plus tax only with copy of bill indicating name of person called and reason for call.

If you must eat on the return home, please hold your reimbursement request and mail it in with the proper receipts. Reimbursement checks will not be written until all of the proper receipts are attached and the request is signed and dated. Receipts are required for audit purposes. Requests may be turned in at the office or mailed to the office in a timely manner.

Please Send To: MARSP

P.O. Box 23214

Lansing, MI 48909-3214

All request for reimbursement are due in the MARSP office within 30 days of the event