


Request for Reimbursement/Payments

If you have any questions, please call Rev. WC Mitchell, Treasurer at 501-786-1565.

Conference
City

To be completed, signed and mailed to:



CMBSC
PO Box 34130
Little Rock, AR 72203

Make check payable to: Individual Entity

***Prior approval is required. Budget line item.**

Individual/Entity	W-9 (Form)
Auxiliary/Dept.	
Address	City
State Zip code	Telephone ()
Email Address	Fax number ()

***Reimbursement to a Sole Proprietor Business requires submission of a Payee Information Form (PIF) W-9*

EXPENSES: ITEMIZED RECEIPTS FOR ALL EXPENSES (AIRLINE TICKETS/LODGING & MEALS) MUST ACCOMPANY THIS FORM.

TYPE	AMOUNT
Airfare (Coach-class only; in-state & out-of-state)	\$
Mileage: Please calculate the total miles using MapQuest. The MapQuest Printout must be attached. Odometer Start _____ Odometer End _____ Total Miles _____ @\$0.56/mile	\$
Budget Line Item	\$
Taxi Fares	\$
Parking	\$
Meals (up to \$41.00/day)	\$
Lodging	\$
Other (Explain)	\$

TOTAL REIMBURSEMENT REQUESTED \$ _____

CERTIFICATION

I have incurred the expenses listed above & attached requested receipts. I certify that these expenses will not otherwise be paid by a third party or direct billed to the CMBSC. Prior approval is required!

Approved By: Department President Date CMBSC Treasurer Date CMBSC President Signature Date