



## AzFRW REQUEST FOR REIMBURSEMENT 2025

Please return completed form to:  
**Joyce A. McClung, AzFRW Treasurer**  
8614 E Dunbar Way, Tucson, Az 85747  
(505) 804 – 5654/ treasurer@azfrw.com

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AzFRW OFFICE: \_\_\_\_\_

ADDRESS & ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**The following are reasonable and necessary expenses of AzFRW that I have incurred.  
Other than mileage, receipts are attached.**

**Mileage @ 70¢ /mile (driver only)** can attach addition pages if needed.

**For milage reimbursement list: Date, Club Name (written out), Round trip milage & if you were an invited speaker (request to speak must be on file with AzFRW president)**

Round Trip Miles: \_\_\_\_\_ x 70¢ = \$ \_\_\_\_\_

Hotel if traveling more than 3 hours up to \$200.00 \$ \_\_\_\_\_

\_\_\_591 Printing / Copies / Supplies Total: \$ \_\_\_\_\_

For: \_\_\_\_\_

\_\_\_592 Postage/UPS Total: \$ \_\_\_\_\_

For: \_\_\_\_\_

OTHER: \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_**

TREASURER OR OTHER APPROVED SIGNATORY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Posted to QB

Scanned

Acct # \_\_\_\_\_

Date: \_\_\_\_\_