



AzFRW REQUEST FOR REIMBURSEMENT 2024

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 @ 65.5¢ /mile (driver only)

Round Trip Miles: _____ x 65.5¢ = \$ _____

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: \$ _____

Submit any expense or mileage reimbursements within 60 days.
Expenses submitted later than 60 days will not be reimbursed.

TREASURER OR OTHER APPROVED SIGNATORY:

APPROVED: _____

DATE: _____

CHECK #: _____

TOTAL:\$ _____

Posted to QB

Scanned

Acct # _____

Date: _____