AMTA-Georgia Chapter Request for Payment (RFP) form

Date: _____ Chapter RFP# (if applicable): _____

Name/Payee: _____ Volunteer Position: _____

Address: _____ Check if new address: _____

City: _____ State _____ Zip Code _____

Instructions:

- All receipts must be included with document (email or hardcopy)
- RFP is due within 90 days after date of expense incurred.
- Please submit RFP forms and supporting documentation (receipts, etc.) to Laurie Pratt at Lpratt42@comcast.net.
- ***ALL DETAILED RECEIPTS*** must be attached to this form. ***Credit Card Summary Charges are not sufficient. NO reimbursement without receipt.***

Reimbursement Request

General Expenses:

Date	***Expense Purpose/Description***	***Expense Category*** *Supplies, postage, meals, per diem, travel, lodging, misc. If other please specify best as possible*	***Recpt Y/N***	***Amount***	***G/L Account*** *(Treasurer/Chapter Accounting Use only)*

General Total ***$ -***

Mileage Worksheet:

Date	***Purpose***	***From***	***To***	***Total Miles***	***Miles X $ 0.545***	***G/L Account*** *(Treasurer/Chapter Accounting Use only)*

Mileage Total ***$ -***

Grand Total ***$ -***

Signature of Requestor Date Approved By Date

Print Name & Chapter Title

Completed by Treasurer/Chapter Accounting:

Check #: _____ Check Date: _____