

Grand Commandery Knights Templar of Iowa

REQUEST FOR REIMBURSEMENT

Request Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title / Position: _____

Event / Reason: _____

Travel Dates: _____

Location: _____

Account to Charge: _____

All receipts except mileage must be attached, to receive compensation.

TRAVEL EXPENSES / INSTRUCTOR EXPENSE

Hotel \$ _____

Meals \$ _____

Registration \$ _____

Miles Driven _____ Miles x 0.20 = \$ _____

Or Transportation \$ _____

Other Explain _____ \$ _____

Total Travel Reimbursement Request \$ _____

EXPENSE VOUCHER

Purchase Date	Expense Item	Approved	Cost Center	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Expense Reimbursement Request				\$ _____

Signature Date

Approved Date

Mail with receipts to:
Grand Commandery KT of Iowa
1134 650th Ave
Albia, IA 52531-8872