Job’s Daughters International

South Dakota Grand Guardian Council

**REIMBURSEMENT REQUEST FORM**

This form **MUST** be accompanied by the appropriate receipts.

General or Miscellaneous:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates(s) | Event/Reason | Items | Per Cost | ReservedColumn | Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Mileage:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date(s) | Event/Reason | Origin | Destination | Miles | ReservedColumn | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Lodging:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date(s) | # Nights | Rate or Per Diem | If shared specify cost share |  | ReservedColumn | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

Submit this form and **all** receipts to the Grand Secretary.

Form and receipts may be scanned and emailed to the Grand Secretary.

Reserved column is for Grand Secretary/Grand Treasurer use.

09/13