## PIONEER DISTRICT - BARBERSHOP HARMONY SOCIETY Expense Reimbursement Form

Name Address City/St./Zip				O'STRICK
Member/ID No.  Event Event Dates				Return Completed Form To: Chris Berry 4767 Stadler Road Monroe, MI 48162 (734) 755-2926
			U.S.	Explanation
Travel: Airfare Parking, Tolls, Shuttle (Spe Mileage (2018 - \$0.30 per				
Lodging Meal allowance:				
Breakfast (2018 - \$5.00 per Lunch (2018 - \$10.00 per m Dinner (2018 - \$20.00 per n Registration fees Hospitality charges	neal) # of m	neals		
Office:				
Printing and copying Postage Supplies - Describe Telephone Miscellaneous				
Other: List Other Expenses:				
Comments:				
Subtotals				
Grand Total (in U.S. funds)				
* Attach vendor invoices and receipts. If applicable, purchase orders.  * If needed, use additional forms for out-of-pocket reimbursements.  * For independent contractors, please obtain EIN or Social Security Numbers.  * The District is a tax exempt entity.  * Please obtain Michigan State Sales Tax Exempt Forms before event to minimize or eliminate sales tax on purchases.		Submitted  Approved to	by:	
minimize or eliminate sales tax on purchases.  Date Appl			ved:	