



GOLD WING ROAD RIDERS ASSOCIATION REIMBURSEMENT REQUEST FORM

Date: _____ Region/Division: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

TRAVEL INFORMATION

Destination (City, State): _____

Purpose (Be Specific – Name of Event and Dates): _____

GWRRA Division to be Charged:	Operations	Membership Enhancement
Rider Education	Wing Ding	Wing World
Leadership Training	Officer Training	Home Office

Travel Dates: _____

MODE OF TRAVEL:

Personal Car _____ Motorcycle _____ Airplane _____

EXPENSES:

Transportation (Include local bus, taxi) \$ _____

Meals \$ _____

Lodging \$ _____

Postage Supplies \$ _____

Telephone \$ _____

Other (Identify) \$ _____ Explain: _____

Total Costs \$ _____

A receipt must be submitted in order to receive reimbursement

NOTE: ONLY ACTUAL EXPENDITURES WILL BE REIMBURSED

APPROVALS:

Approving Officer's Signature

Executive Director

To be completed by the Accounting Department

Account #	Date	Account Expense Code	Amount