



# GOLD WING ROAD RIDERS ASSOCIATION REIMBURSEMENT REQUEST FORM

Date: \_\_\_\_\_ Region/Division: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

## TRAVEL INFORMATION:

Destination (City State): \_\_\_\_\_

Purpose (Be Specific - Name of Event): \_\_\_\_\_

GWRRR Division to be Charged:  Operations  Member 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Office Designee

\_\_\_\_\_  
Date

To be completed by the Accounting Department

| Acct. # | Date | Account Expense Code | Amount |
|---------|------|----------------------|--------|
|         |      |                      |        |
|         |      |                      |        |
|         |      |                      |        |

