

SUBUD CALIFORNIA
Expense Reimbursement Request

Name _____ Date _____

Address _____

City _____ Zip _____

Phone _____ Email address _____

Was this for Committee, Helper, Congress, Wing Activity? (Name the Wing) _____

(Group, date and place)

Describe Expenses: Phone, Office Supplies etc. Travel = transportation (car, air, bus), lodging, and meals. Add these 3 together. Auto mileage can be donated or reimbursed at the rate of \$.25 per mile. Attach receipts to this form

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtotal \$ _____

Minus donated amount \$ _____

Signed _____

Grand Total \$ _____

For Center expenses, send this form to your Center Treasurer.
For Regional expenses, send this form to:

Subud California
PO Box 2327,
Livermore, Ca 94551-2327

Thank you,
Henrietta Haines
Subud California Regional Office
On behalf of Your Treasurers and Accounting People