

NMPCA

REQUEST FOR REIMBURSEMENT

TO BE COMPLETED BY PERSON SUBMITTING REIMBURSEMENT REQUEST TO

TREASURER Please call Leonard Baca (505) 480-8292 if you have questions.

Please submit within 14 days of event.

Mail request to: Treasurer, PO Box 26811, Albuquerque, NM 87125

TODAY'S DATE _____

EVENT NAME _____

EVENT DATE(S) _____

NAME OF PERSON SUBMITTING REQUEST _____

Please attach a copy of each receipt for which reimbursement is requested.

PURCHASED FROM AMOUNT EXPLANATION (please describe what you purchased)

Millage Reimbursement for travel .25 per mile (*more than 50 miles*) _____ x .25 = _____

TOTAL AMOUNT REQUESTED _____

DATE RECEIVED BY TREASURER

TREASURER'S SIGNATURE