

NMPCA REQUEST FOR REIMBURSEMENT

*TO BE COMPLETED BY PERSON SUBMITTING REIMBURSEMENT REQUEST TO TREASURER
Please call Cricket Appel ((505) 922-1559) if you have questions.
Please submit within 14 days of event.*

NAME and ADDRESS OF PERSON SUBMITTING REQUEST

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

| Date | Paid to | Event | Description | Amount |
|------|---------|-------|-------------|--------|
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Millage Reimbursement for travel .25 per mile (> 50 miles) _____ x .25 = _____

TOTAL AMOUNT REQUESTED _____

Date Submitted:

Signature of Requestor

Date Received by Treasurer:

Treasurer's Signature
