

NMPCA REQUEST FOR REIMBURSEMENT

*TO BE COMPLETED BY PERSON SUBMITTING REIMBURSEMENT REQUEST TO TREASURER
Please call Judy Nelson-Morre (505) 795-6448 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

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
