



Retrouaille of Metro Detroit Expense Reimbursement Request

For Office Use Only

PURPOSE: _____

Every expense item should be entered on a single line/row with original receipts attached or pictures if emailing.

Event Date: From _____ To _____

Name _____
 Address _____
 City, ST. Zip _____

Position _____
 E-mail _____

Phone _____
 Mileage Rate \$ 0.670
 (67¢ or 14¢)

Date	English/Spanish	Retrouaille Credit Card (Y/N)	Description	Miles City (From - To)	Miles Driven	Hotel	Transport	Fuel	Meals	Phone	Team Food	Misc.	Total	Notes:
	English	N											\$ -	
	English	N											\$ -	
	English	N											\$ -	
	English	N											\$ -	
	English	N											\$ -	
	English	N											\$ -	
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	English	N											\$ -	
					0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Reimbursable Subtotal	\$ -
Retrouaille CC Subtotal	\$ -
Retrouaille Cash Advances	\$ -
Total Monies to be Disbursed	\$ -

REQUESTOR SIGNATURE: _____

DATE REQUESTED: _____

MAIL TO: Retrouaille Finance Team
 attn: Fred and Carolyn Ullrich
 1697 Apple Ridge Ct.
 Rochester Hills, MI 48306

E-MAIL TO: 3016f@helpourmarriage.org

APPROVED BY: _____
 PAID CHECK #: _____
 TRANSFER CONF: _____

DATE: _____
 DATE: _____

** Decision made at April 18, 2006 Board of Directors Meeting for the maximum mileage expense allowance to be standard with that allowed as IRS Business Mileage Rate. The IRS 2024 rate is \$0.67 per mile. Members may choose a lower rate if desired. The rate for miles driven in service of charitable organizations remains at \$0.14 per mile.