



## Region 2 – Board Reimbursement Form

Date: \_\_\_\_\_

Ckd.by \_\_\_\_\_

Date Pd. \_\_\_\_\_

Name: \_\_\_\_\_

Ck.# \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Charge to: Board \_\_\_\_\_ Ass’y \_\_\_\_\_ Conv. \_\_\_\_\_ Other \_\_\_\_\_  
(Check all that apply and list each below)

**ORIGINAL RECEIPTS REQUIRED.** List each item to be reimbursed below, give clear explanation of each item:

Transportation, Mileage @ .325/per mi, Parking, Lodging/Rooms, Meals (Breakfast, Lunch, or Dinner), Postage, Printing/Copy, Supplies or Other(explain), Phone (circle call on bill and give total amount for each call).

<u>Committee and/or Item description:</u>	<u>\$ Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature

Of Submitter: \_\_\_\_\_ Total Due \$ \_\_\_\_\_

**Send Request To:**

**Sherri Flynn  
63 Rahonda Dr.  
Sparks, NV 89441**

**No Payment will be made  
without an original receipt.**  
(Unclear requests will be returned for clarification.)

email: [treasurer@oar2.org](mailto:treasurer@oar2.org)