Heartland District of Civitan International

Expense Reimbursement Report

Name _____ Address _____ Date Submitted _____

Position _____ City _____ State/Zip _____

Report Period _____ Signature* _____

Per Mile Reimbursement $0.35

Total Reimbursement Due **$0.00**

**By my signature, I hereby certify that this Expense Reimbursement Report is a true and correct statement of expenses incurred while on official Heartland District Civitan business.*

Date of Expense	Meeting/Activity/Category	Airfare	Lodging	Meals**	Ground Transportation Cost (Gas, Rental Car, Taxi)	Miles (Personal Car Only)	Mileage Reimbursement	Miscellaneous (Description)	Miscellaneous Amount	Total Expenses
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
							$0.00			$0.00
									Total Expenses Reimbursement:	**$0.00**

Please Mail Completed Form and Original Receipts to:
Dale deReign, Heartland District Treasurer
P.O. Box 1282
Broken Arrow, OK. 74013

Official Expense Reimbursement Report forms will be used and must be sent to the District Treasurer within 45 days after the expense is incurred. Receipts must be attached except when requesting reimbursement for the use of your personal vehicle. The current rate for use of your personal vehicle per District Policy 4.02-1 is 35 cents per mile.

Meals**: No alcohol beverage expense will be reimbursed. When traveling overnight or travel exceeding 200 miles each way, meals not included in a registration fee will be reimbursed at a rate not to exceed $30.00 per day. Receipts must be attached to the expense form.

District Use Only:	Check Number	Issued/Mailed