

CHILIS Reimbursement Request

Date of request: _____

Name as it should appear on reimbursement check:

Name and Address to which check should be sent:

Description: (Copying, mileage, etc.):

Amount requested _____

Receipts/invoice attached: YES NO

Mileage:

Starting Point _____ Destination _____

Total Mileage _____

Amount requested @ \$.48/mile _____

For Treasurer's Use

Sent to NHLA Treasurer for payment: _____

Account/Expense Category: _____

Revised 11/07