**Chapter Meals & Mileage Reimbursement Form**

**Submit to local Treasurer**

Date \_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter(s):  1  4  5  6  7  8  9  10  11.

Total Attendee Executive/Council’s \_\_\_\_\_\_\_ Meeting Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Minute Attached Yes  No Total Expense Form Attached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Meals Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original Receipt Attached Yes  No 

Chapter Treasurer/Chapter Chair/Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_