

**North Dakota EMS Association**  
Request for Reimbursement

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

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

City, State, Zip: \_\_\_\_\_

Purpose of Travel/Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee or Special Account to Charge: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \$0.55 = \_\_\_\_\_.

Lodging = \_\_\_\_\_.

Meals = \_\_\_\_\_.

Purchases: \_\_\_\_\_

Please describe below

Attach original receipts for all expenses Total = \_\_\_\_\_.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Approved: X \_\_\_\_\_ Date: \_\_\_\_\_

Mark Weber, President

Paid: \_\_\_\_\_

Check # \_\_\_\_\_