



GOLD WING ROAD RIDERS ASSOCIATION

Chapter PA-V

REIMBURSEMENT REQUEST FORM

Date: _____ Region = B / Division = PA: / Chapter = V _____
 Name: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Email address: _____ Phone: # _____
 GWRRR MEMBERSHIP: # _____

EXPENSES:

X	EXPENSE TYPE:	ITEM/S DISCRPTION:	EVENT TYPE:	AMOUNT:
	Rallies/Meeting/ Fund Raisers			
	Rider Ed			
	Membership Enhancement			
	Training (GWRRR University)			
	Chapter Business Bank Charges			
	Office Supplies			
	Technology			
	Travel			
	Chapter Store (Goodies)			
	Other (identify)			
Memo:			TOTAL >>>>>>	

Member Signature: _____ **Date:** _____

By signing above, I attest the above expenditures were used for the benefit of GWRRR members.

NOTE: ONLY ACTUAL EXPENDITURES WITH RECEIPT WILL BE REIMBURSED:

 Approving Officer's Signature Date

DATE PAID> _____ CK# _____