**Southwest Region Expense Form**

**All requests for reimbursements MUST be accompanied by Receipts. This is an IRS requirement for non-profit organizations. The requests must be sent to the Regional Supervisor for approval no later than 30 days after the event to be considered for payment. Keep a copy for your records!**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**I request reimbursement for the amounts expended in connection with**

**the following Pony Club activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**on (date/s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Travel: a. Fuel purchases:…………………………$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b. Tickets(airline, bus, train)……….$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. Hotel:………………………………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Telephone (attach copy of marked monthly bill):………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Printing/Photocopies:………………………….………………………$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Postage:…………………………….………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Supplies and other items:…………………………….……………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Fee for (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total - (Don’t forget your receipts!).............................$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Contribution back to the region; …………………………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you wish to donate all or part of this amount to the SW Region, please indicate the amount here Contributions are tax deductible for income tax purposes. A letter of acknowledgement will be sent for your records.**

**9. Balance Due:………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RS Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates: Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**