



**Appalachian Mountain Club
Delaware Valley Chapter**

Expense Reimbursement Request

**Send to: Chapter Treasurer
Margaret McDonald
2575 Forty Shilling Way
Coopersburg, PA 18036
treasurer@amcdv.org**

Payable to: _____
Mail to: _____

Receipts Attached?

Submitted By: _____

Approved By¹: _____

Total: _____

Details

Description	Date	Miles*	Amount	Treasurer's Use only	
				Account/Category Number	Class/Chair

*Travel mileage is reimbursed at a rate of 50 cents per mile

¹ Responsible Committee Chair approves expenses incurred by committee members. A Chair cannot self-approve for expenses directly incurred and submitted for payment. For this situation leave the approver line blank and submit the form to the Treasurer who will manage the approval.

Check Number: _____
Date: _____