



**Appalachian Mountain Club
Delaware Valley Chapter**

**Send to: Chapter Treasurer
Joseph Nanfara
103 Osprey Way
Phoenixville, PA 19460
treasurer@amcdv.org**

Expense Reimbursement Request

Payable to: _____
Mail to: _____

Receipts Attached?
Yes No

Submitted By: _____

Approved By¹: _____

Total: _____

Details

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

Check Number: _____
Date: _____

*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.