



**Appalachian Mountain Club
Delaware Valley Chapter**

Expense Reimbursement Request

**Send to: Chapter Treasurer
Martin Mersky
122 Penn St
Newtown, PA 18940
treasurer@amcdv.org**

Payable to: _____
Mail to: _____

Receipts Attached?

Submitted By: _____

Approved By¹: _____

Total: _____

Details

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

*Travel mileage is reimbursed at a rate of 58.5 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: _____