



**Expense Reimbursement Form**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Payee: \_\_\_\_\_

Payee Address: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Was this expense Budgeted? If not, explain: \_\_\_\_\_

Invoice#	Description of Expense(s)	Amount	Chart of Accts# (Please complete)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Total \$** \_\_\_\_\_

Pay By Date: \_\_\_\_\_

**Approvals:**

**1. Committee Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Upon signature, forward to appropriate Board Liaison

**2. Board Liaison or Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Upon signature, forward to Diane Schneiderman, CMP Executive Director, MPINCC, 2440 Camino Ramon, Ste. 273, Phone 925-355-1912, Fax 925-355-1296

**Policy note (please read these before submitting your request):**

- Deadline for authorization forms to be received at the MPINCC office for immediate consideration is the Wednesday prior to a Professional Education Program.
- If there is no Educational Program scheduled, the forms are due the second to the last Wednesday of the month.
- Checks are cut once per month. Requests received after the deadline will be processed the following month.
- Please secure the signature approvals required above before forwarding to the MPINCC office.
- Please also remember to code the reimbursement you are submitting by department and expense category by referencing the chart of accounts. (revised 6/06)