Phi Mu Alpha Sinfonia

10600 Old State Rd **Evansville, IN 47711-1399**
(800) 473-2649 **Fax: (812) 867-0633**

CHAPTER REIMBURSEMENT VOUCHER

DATE: _____ **CHAPTER:**_____

Our chapter incurred the following expenses for the travel to and from our Province Workshop. Please issue our chapter a reimbursement check based on the following information:

Mileage: _____ x $0.30 per mile $_____

Tolls: _____ $_____

Parking: _____ $_____

_____

TOTAL AMOUNT: **$_____**

Signature: _____ Approval: _____
Driver Province Governor

All travel vouchers must be approved and submitted to the National Headquarters directly by the Province Governor. The checks will be made payable to the chapter and mailed directly to the chapter's address. Reimbursements will NOT be made to individuals. Please attach copies of your receipts.

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