

### MIPA – REQUEST FOR REIMBURSEMENT

Complete form, **attach all receipts** and have your Executive Contact sign below. You can mail your request to MIPA, P.O. Box 464, Mercer Island, WA 98040, Attn: Treasurer. Requests will be processed within two weeks. (Call your Executive Contact if you need to be reimbursed more quickly.) You may also submit your request(s) at a monthly Board Meeting.

Activity/Event	Item/Performance	Where Purchased	Amount	Treasurer Use Acct. #

Any Explanations: \_\_\_\_\_

Total Requested: \$ \_\_\_\_\_

Requested by: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date requested: \_\_\_\_\_

Executive Contact: \_\_\_\_\_ *(signature required)*

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Treasurer's Use: Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Acct # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Acct # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Acct # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Acct # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**NOTE: CONTINUE ON REVERSE IF NECESSARY**