Carolinas Region Expense Reimbursement

The form on the next page should be used to request expense reimbursement for activities performed on behalf of the Carolinas Region by region officials and certain others.

The last page is the "Expense Reimbursement Log." It can be provided instead of receipts to request reimbursement of **single** expenses of **$25.00 or less**. The log can be used alone, or in conjunction with the "Request for Expense Reimbursement Form".

Note both these forms (pdf) can be filled in online, then saved to your computer. Print only the page(s) needed.

Consult the Carolinas Region's Policies & Procedures to identify whether a particular expenditure is eligible for reimbursement, or contact the region director or treasurer.

Mail the completed, signed, and dated form(s) to the Carolinas Region treasurer, along with appropriate receipts. Or, you can email scanned attachments of your signed/dated form and receipts are acceptable.

DO NOT USE EITHER FORM for requesting payments to teachers.

Carolinas Region, EGA

Request for Expense Reimbursement

Name _____ Position _____
print or type

Address _____
street city state Zip

Type	Amount	Purpose
Supplies		
Telephone		
Postage		
Hotel		
Per diem (from below)	0.00	
Transportation		
Air		
Mileage (from below)	0.00	
Parking/tolls		
Other transportation		
Photocopying		
From log		
Other		
TOTAL	**$** 0.00	

Mileage Reimbursement Calculation (insert result above)

Total miles driven _____ x _____ Per mile = $ 0.00
(contact treasurer for current rate per mile)

Per Diem Calculation (insert result above)

Total days _____ x $ _____ Per day = $ 0.00

1. Please use this form when requesting reimbursement for expenses from Carolinas Region, EGA.
2. Submit at least quarterly to the region treasurer, with receipts attached.
3. For single expenditures of $25.00 or less, an itemized log of postage, telephone, photocopying, parking, and toll expenses may be attached instead of receipts.
4. Requests for a given year must be received by the treasurer no later than December 2 of the year in which the expense is incurred.
5. Late requests for reimbursement will be made if approved by the region executive committee.
6. Reimbursements will be made within 14 days of receipt of the request by the treasurer, provided that all documentation is in order.

I wish to donate a portion of my reimbursement to Carolinas Region as follows (check one):

☐ 100% ☐ $ _____ (fill in amount) ☐ None

_____ _____
signature date

Expense Reimbursement Log

This form can be provided instead of receipts to request reimbursement of single expenses of $25.00 or less. It can be used alone, or in conjunction with the "Request for Expense Reimbursement Form".

Name _____ Position _____
print or type

Address _____
street city state Zip

Phone	Date	Purpose	Amount
		Total Phone	0.00

Postage	Date	Purpose	Amount
		Total Postage	0.00

Photocopying	Date	Purpose	Amount
		Total Photocopying	0.00

Parking	Date	Purpose	Amount
		Total Parking	0.00

Tolls	Date	Purpose	Amount
		Total Tolls	0.00
		GRAND TOTAL of all items from above.*	0.00

*Copy the grand total to "Request for Expense Reimbursement Form" on previous page if you are requesting additional reimbursements, or if you wish to donate a portion of your reimbursement to the region.

_____ _____
signature **date**