SPHO-ME REIMBURSEMENT FORM
NOTE: RECEIPTS MUST ACCOMPANY REQUESTS FOR REIMBURSEMENT

NAME: _____ DATE: _____

GOODS, SERVICES, MILEAGE*, etc.	VENDOR OR PROVIDER	DATE	COST

Mileage: unloaded trailer = $.56/mile, loaded trailer = $1.50/mile

TOTAL AMOUNT REQUESTED: _____

DATE OF REIMBURSEMENT: _____ REIMBURSEMENT CHECK #:_____

TREASURER'S SIGNATURE: _____

submit to: Barbara Pretorius, 38 Wescott Circle, Buxton, ME 04093