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| **PNA Reimbursement Request** |
| **Complete this Reimbursement Request and submit with receipt(s) to PNA Treasurer Brent Barnes via email at barno68@yahoo.com**  | Date |
| or mail: 1320 Carlyon Ave. SE, Olympia, WA 98501 |   |
| Requester name: |   |
| Address: |   |
| City, State, ZIP |   |
| Description of Activity (e.g., date, time, purpose): |
|   |
|   |
| **Itemized Expense** | **Amount** | **Comments** |
|   |   |   |
|   |   |   |
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|   |   |   |
| **Travel Reimbursement Request** |
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|   |   |   |
|   |   |   |
|   |   |   |
| Total: |  |   |
| I hereby submit this reimbursement request to PNA. |   |
| **Signature of Requester:**  |   |
| **APPROVALS** |
| **Treasurer: Brent Barnes** | Date: |   |
| **Paid to:** |  | Date: |   |
| **Check Number:** |  |   |
| **Budget Account Number** |  |   |
| See page 2 for eligible travel expenses |
| **Travel expenses eligible for reimbursement: per USMS Financial Operating Guidelines – FOG which PNA has adopted as PNA expense reimbursement policy:** |
| **Limitations on Reimbursement:**  |
| **a. Transportation:** **PNA** shall reimburse actual expenses for transportation (limited to economy airfare) to and from the travel destination, including reasonable checked bag charges and reasonable costs for transportation to and from airports (including parking). Reimbursement for changes in flights is not permitted without the prior approval of the Treasurer. **PNA** shall not provide reimbursement for travel costs of a companion.  |
|   |
| **b. Lodging**: **PNA** shall reimburse for actual lodging expenses at the lowest available room rate, at ½ of the rate for a double occupancy room. The Treasurer can approve a single occupancy room in certain circumstances. PNA shall not reimburse for any auxiliary charges such as, but not limited to, movies, room service, non-pre-approved internet service, phone, pets, damages, or valet services.  |
|   |
| **c. Meals** for volunteers are reimbursable only if incurred while traveling to/from or while attending an approved event.  |