



New Jersey Region, National Ski Patrol System

Expenditure Reimbursement Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home: _____ Business: _____

Reason for Expenditure: _____

Date(s) Incurred: _____ From: _____ To: _____

Expenditure(s):

Travel: Miles _____ x .15 \$ _____

Tolls and Parking \$ _____

Commercial Carrier \$ _____

Lodging: (maximum \$60 per day) \$ _____

Food: (maximum \$25 per day) \$ _____

Registration/Lift Tickets: \$ _____

Postage: \$ _____

Other: _____ \$ _____

Total: \$ _____

Less Advances: \$ _____

Total Owed: Region: _____ **Requester:** _____ \$ _____

Requested By	Date	Approved by	Date
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Check Number	Treasurer	Date
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All requests must be submitted within 2 years of the date of the expenditure.
All requests must be approved by the line officer in charge of the activity.

Rev 10/2000