



VASC of Narcotics Anonymous

**Expense Reimbursement Request**

*Note: You may claim any amount up to the maximum calculated on this form. You may wish to claim less.*

Name: \_\_\_\_\_

Committee or Position: \_\_\_\_\_

Starting Address: \_\_\_\_\_

Destination Address: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Date	Description <i>(Include type of expense, eg. Toll booths, ferry, fuel)</i>	Fuel per km		Other Amounts	Total
		# of km	\$ Amount @ .30/km		
<i>Column Totals</i>					Total Due: (Maximum)
					Total Requested

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original receipts other than for fuel must be attached to this expense report*

*{When traveling for Narcotics Anonymous business you are encouraged to use the least expensive reasonable form of transportation available.}*