

Missouri Good Sam Expense Form

All reimbursement requests must be approved by the Missouri State Director.
Reimbursements will be made by the Missouri State Treasurer.

Name: _____

Phone: _____ Staff Position: _____

Make Check Payable to: _____

Mail To: Address: _____

City: _____ State: _____ Zip: _____

Reimbursement for Mileage

List total (round trip) miles driven and the Rate per mile to be reimbursed.

Attach Mapquest Trip Ticket or similar mapping program printout.

Total miles shall not exceed trip ticket calculations.

The maximum reimbursement amount per mile shall not exceed the IRS Standard Rate.

Total Round Trip Miles	Rate Per Mile	Date and Reason for Trip	Amount

Purchases

List items purchased and reason for purchase.

All Receipts must be attached; reimbursements will NOT be made without sales receipts.

Date	Items Purchased	Reason for Purchase	Amount

Other

Date	Explain	Amount

Total Amount Due:

Signature: _____ Date: _____

Approved: _____ Date: _____

(State Director's Signature)

Treasurer's Use:
 Date Paid: _____ Check #: _____
 Comments: _____