



GOLD WING ROAD RIDERS ASSOCIATION REIMBURSEMENT REQUEST FORM

Date: _____ Region/Division: _____
Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Email address: _____

TRAVEL INFORMATION:

Destination (City State): _____
Purpose (Be Specific - Name of Event): _____

GWRRR Division to be Charged: Operations Member Enhancement
 Rider Education Wing Ding Wing World
 Leadership Training Officer Training Home Office

Travel Dates: _____

MODE OF TRAVEL:

Personal Car _____ Motorcycle _____ Airplane _____

EXPENSES:

Transportation \$ _____
(Include local bus, taxi)
Meals \$ _____
Lodging \$ _____
Postage Supplies \$ _____
Telephone \$ _____
Other (Identify) \$ _____ Explain: _____
Total Costs: \$ _____

**A receipt must be
submitted in order to
receive reimbursement**

NOTE: ONLY ACTUAL EXPENDITURES WILL BE REIMBURSED

APPROVALS:

Approving Officer's Signature Date Home Office Designee Date

To be completed by the Accounting Department

| Acct. # | Date | Account Expense Code | Amount |
|---------|------|----------------------|--------|
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