



Salem Bicycle Club Expense Reimbursement Request

Make the check payable to:

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Phone: _____

For SBC use:

Check Number: _____
 Amount: _____
 Date Paid: _____

Itemized Expenses:

	Copies/ Printing/ Postage	Supplies	Food/ Refresh- ments	Other		Miles Driven	Reim- burse- ment*
Administration							
Advocacy							
Awards/Banquet							
Membership							
Newsletter							
Rides							
Monster Cookie							
Peach of a Century							
Other							
Total							

** Mileage reimbursement will be calculated by SBC at the current IRS business mileage rate.*

Total Non-mileage Expenses	
Total Mileage Expenses	

Requested by: _____ Date: _____