AMTA-Wisconsin Chapter Request for Payment (RFP) form

Date: _____ Chapter RFP# (if applicable): _____

Name/Payee: _____ Volunteer Position: _____

Address: _____ Check if new address: _____

City: _____ State _____ Zip Code _____

Instructions:

- All receipts must be included with document (email or hardcopy)
- RFP is due within 90 days after date of expense incurred.
- Please submit RFP forms and supporting documentation (receipts, etc.) to AMTA Chapter Accounting at Chapteraccounting@amtamassage.org
- ***ALL DETAILED RECEIPTS*** must be attached to this form. ***Credit Card Summary Charges are not sufficient. NO reimbursement without receipt.***

Reimbursement Request

General Expenses:

Date	*Expense Purpose/Description*	*Expense Category* *Supplies, postage, meals, per diem, travel, lodging, misc. If other please specify best as possible*	*Recpt Y/N*	*Amount*	*G/L Account* *(Treasurer/Chapter Accounting Use only)*

General Total ***$ -***

Mileage Worksheet:

Date	*Purpose*	*From*	*To*	*Total Miles*	*Miles X $0.58*	*G/L Account* *(Treasurer/Chapter Accounting Use only)*

Mileage Total ***$ -***

Grand Total ***$ -***

Signature of Requestor Date Approved By Date

Print Name & Chapter Title

Completed by Treasurer/Chapter Accounting:

Check #: _____ Check Date: _____