

EXPENSE REIMBURSEMENT REQUEST

Driving School Instructors

Rocky Mountain Chapter – BMW CCA

Name _____ Date _____

Mailing Address _____

Phone Day _____ Evening _____

REIMBURSEMENTS MUST BE SUBMITTED WITHIN 90 DAYS OF EVENT

Date	Event	Expense Description	Amount Paid
	Driving School	Instructor paid track fee for Friday ___ Full Day - \$75 ___ 1/2 Day - \$50	
	Driving School	Instructor who paid for room, if shared, Name of roommate _____	
\$40.00 per night	or half of your bill Whichever is less	_____ Number of Nights x \$40.00 Half of your total hotel invoice or \$40.00	\$
	Driving School	Gas Allowance - \$10 per day X ___ days	\$
		If you want RMC to keep ___ All ___ \$10 ___ \$20	
		TOTAL	

ALL RECEIPTS MUST BE ATTACHED for reimbursement !!!!

Mail ALL receipts to: RMC BMW CCA; Attn: Patty Tunnell; 7233 W 116th Place, Broomfield, CO 80020

This portion to be completed by RMC Treasurer Only

Amount Reimbursed _____

Date _____

Check Number _____