

# EXPENSE REIMBURSEMENT REQUEST

## Driving School Instructors

### Rocky Mountain Chapter – BMW CCA

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

**REIMBURSEMENTS MUST BE SUBMITTED *WITHIN 30 DAYS* OF EVENT**

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

**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 \_\_\_\_\_