



Boys & Girls Clubs of America Non-Employee Expense Reimbursement

Name: _____
 Organization: _____
 Activity/
 Program: _____

Make check payable to: _____
 Address: _____

Date	From / To	TRANSPORTATION				MEALS				Lodging	OTHER		Total Expense
		Air Travel	Number Auto Miles	Mileage Reimbursement	Other Travel	Brkfst	Lunch	Dinner	Total Meals		Item	Expense	
				-									-
				-									-
				-									-
				-									-
				-									-
				-									-
				-									-
				-									-
				-									-
				-									-
TOTALS		-		-	-	-	-	-	-	-		-	-

For Internal Use Only	Fund	Account	Dept	Region	Project	Amount
Air Travel	XX	8871	XXXX	X	XXX	\$ -
All Other Travel Expense	XX	8872	XXXX	X	XXX	\$ -
Meals	XX	8831	XXXX	X	XXX	\$ -
Lodging/Meeting Space	XX	8861	XXXX	X	XXX	\$ -
Telephone	XX	8821	XXXX	X	XXX	\$ -
Meeting supplies	XX	8811	XXXX	X	XXX	\$ -
Miscellaneous	XX	8891	XXXX	X	XXX	\$ -
Other	XX	XXXX	XXXX	X	XXX	\$ -
Other	XX	XXXX	XXXX	X	XXX	\$ -
Other	XX	XXXX	XXXX	X	XXX	\$ -
Other	XX	XXXX	XXXX	X	XXX	\$ -
TOTAL:						\$ -

Participant signature: _____ Date _____

Approval signature: _____ Date _____

Approval signature: _____ Date _____

Mail to address above

Other delivery instructions _____

Blue text = manual inputs