

Mail To: **DALMAC Treasurer**  
**P.O. Box 22146**  
**Lansing, MI 48909-2146**

Staple original receipts to upper right corner

Name: \_\_\_\_\_  
 Email/Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Committee/Route: \_\_\_\_\_

**Tri-County Bicycle Association**  
**Expenditure Reimbursement Form**



CATEGORY	EXPLANATION & DESCRIPTION (attach original receipt)	Amount
Postage		
Supplies/Materials		
Meal/Food		
Miles Driven		
Gas		
Printing		
Other-specify purpose		

**TOTAL TO REIMBURSE**

FROM: \_\_\_\_\_  
 (signature of person to be reimbursed)

DATE: \_\_\_\_\_

(Retain copies; reimbursements paid to volunteers may be subjected to IRS audit and/or require issuance of form 1099)

**For Treasurer's use only**

Check number: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 2/15