

REQUEST FORM

MEETING

MILEAGE REIMBURSEMENT

OTHER EXPENSE REIMBURSEMENT

All requests require supervisor approval. Please submit in a timely manner. Staff will be reimbursed via payroll. If a paper check is required, please indicate below and include your name and address, as you would like it to appear on the check.

Name:

Event Name & Purpose:

Event Date(s) & Time(s):

Event Location:

Check if you needed: Release time Community Event OTHER:

Leave: (Enter time and/or days, if multiple)

Return: (Enter time and/or days, if multiple)

NOTES:

Mileage Reimbursement Request: The 2026 IRS Mileage Reimbursement Rate for travel is 72.5 cents per mile.

Attach map for mileage reimbursement request.

Mileage should be recorded as START LOCATION to DESTINATION to END LOCATION = XX miles @ 0.725 per mile = \$XX.XX

Other Expense Reimbursement Request: Attach original receipts. Submit within one week of incurring expense.

APPROVED BY:

NAMF - DEPARTMENT

DATE