



THE ATLANTIC DISTRICT, LC-MS
171 White Plains Road, Bronxville, New York 10708



Vice Presidents, Circuit Counselors, Board or Committee Members
Expense Reimbursement Request

NAME _____ DATE SUBMITTED _____

ADDRESS _____ CHECK ONE V.P. _____ Cir. Coun. _____

_____ B. of D. _____ Task Force # _____

ZIP CODE _____ EXPENSE CODE # _____

MEETING DATE: _____ Committee or Task Force _____

TRAVEL Meeting Location _____

Public _____ Issue Check to _____

Mileage X _____ Comments/Remarks _____

Tolls _____

Parking _____

Telephone _____

Postage _____

Other _____

Note: only one meeting per form

Total

Signature

Please print, complete, sign and mail this form to the Atlantic District office