Nebraska UCC Living Waters Association Reimbursement Form

NAME:				
ADDRESS:		CITY:	ZIP	
MEETING DA	TE:	_ MEETING TYPE:		
TYPE OF REII	MBURSEMENT CLAIM:			
MILEAGE (@.35 per mile) miles			\$	
FOOD			\$	
SUPPLIES			\$	
OTHER			\$	
(IF OTHER IS	CHECKED, USE THE FOLLOWING TO F	PROVIDE DETAILS)		
Rather t	han being reimbursed for these exp	enses, please consider	this a donation to the Associatio	n.
Donor's Sign	ature			
Association F	Representative's Signature			
Date				
(A copy of th	e donation record will be sent to you	ır records)		
Reimbursem	ent Information (please read)			
2. Livir sche on t	eage claims paid at \$.35 a mile from on ng Water Association officers, counci eduled meeting/event may submit a he day of the meeting/event or with has budgeted mension for travel and	l members and commit reimbursement claim to in 30 days of the meeti	tee members attending a Living V o the treasurer for reimbursemen ng/event.	t. Claims to be submitted
	5. LWA has budgeted monies for travel and welcomes/encourages persons to submit reimbursement claims <u>only</u> when the reimbursement <u>is not</u> paid by the person's own church budget.			
5. Mile				
	All food reimbursement purchases <u>must</u> include a detailed sales receipt submitted to the treasurer. All supplies for meetings of LWA needs are reimbursed to officers, council members and/or chairs of committees when			
	uested to the treasurer.	re reinbursed to onice	rs, council members and/or chair	s of committees when
Sub	mit claims to Living Waters Associati	on Treasurer:	Judy Bouma PO Box 31324 Omaha, NE 68131-0324 Iwatreasurer2@gmail.com	
Treasurer u	se : Check #		Voice: 402.884.1545, Text:	402.650.7536
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Date paid: _____