

AFG CONVENTION
REIMBURSEMENT PROCEDURES

Each person is responsible to stay within the limits of their budget. If there is a need to exceed the budget, approval must be obtained from the treasurer.

Use the *IL Dept. of Revenue Sales Tax Exemption letter* for all convention purchases (where applicable) so no sales tax will be charged.

Please submit expenses for reimbursement within 30 days of the purchase.

If you would like to be reimbursed at the monthly Convention Planning Committee (CPC) meetings, the original receipt and a completed Reimbursement Form (see next page) must be given to Convention Treasurer _____ (insert name here) prior to the meeting. Receipts brought to the meeting will be reimbursed at the next CPC meeting.

Receipts and Reimbursement Form may be sent to:

20xx IL State AFG Convention
PO Box _____
_____ (City), IL 6xxxx

Thank you for your cooperation!

_____ (Convention Treasurer Name)

AFG CONVENTION
REIMBURSEMENT FORM

DATE SUBMITTED: _____

Please fill out this form, attach receipt(s), sign and submit to Convention Treasurer.
Receipts without this form will not be accepted.

To receive reimbursement at the CPC meetings, the Treasurer must have the receipt with attached form by the last day of each month.

Attn: Convention Treasurer.

This is a request for reimbursement of expenses incurred as shown below.

Attached are all bills and receipts to support this request.

<u>Date</u>	<u>Expense Item</u>	<u>Description</u>	<u>Total Amount</u>
			\$.
	Fax		\$.
	Food Items		\$.
	Hotel		\$.
	Meals		\$.
	Postage		\$.
	Printing/Copying		\$.
	Supplies – Office		\$.
	Supplies – Other		\$.
	Telephone		\$.
	Travel - Mileage (\$0.xx per mile)		\$.
	Travel – Other		\$.
	Travel – Tolls		\$.
	Other - explain		\$.
			\$.
			\$.
		<u>Total Amount Due</u>	\$.

Signed _____ **Position** _____