

Bess Spiva Timmons Foundation

Reimbursement Form

Please fill out form and attach all supporting receipts. No claims can be reimbursed without receipts. Expenses for non-members cannot be included for reimbursement. To expedite refunds please send this form with attachments to the Foundation Treasurer as soon as is practical. Reimbursement for expenses will be issued within a month of submission. For questions or clarifications call (520) 323-6289.

Send forms to:

Beth Grossman
92730 Kinser Lane
Cheshire, OR 97419

Friday and Saturday Evening Lodging <i>hotel or credit card receipt</i>	
Transportation by car <i>multiply roundtrip mileage by \$0.50 to come up with total (i.e., 100 miles x \$0.50 = \$50.00)</i>	
Transportation by plane <i>airfare for Foundation members</i>	
Taxi or shuttle receipts	
Long term parking <i>airport or hotel</i>	
Other (please specify) _____	
Total	

I certify that these expenses were incurred in connection with the business of the Bess Spiva Timmons Foundation.

signature

date