



Southwestern Region American Music Therapy Association

REQUEST FOR REIMBURSEMENT OF PERSONAL FUNDS

EXPENSES (PLEASE ATTACH ALL RECEIPTS TO THIS FORM)

EXPENSE ITEM	DESCRIPTION (PURPOSE, LOCATION, ETC.)	AMOUNT
Copy, fax		
Postage		
Airfare		
Parking		
Mileage	_____ miles x .35/mile =	
Food		
Lodging		
Other Please specify:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

Funds requested by: _____ Date _____

Address _____

Approved by: _____ Date _____

Region President

Funds dispersed by: _____ Date _____ Check # _____

Region Treasurer

Return this form to the Region President