

# NMPCA REQUEST FOR REIMBURSEMENT

TO BE COMPLETED BY PERSON SUBMITTING REIMBURSEMENT REQUEST TO TREASURER

Please call Cate McClain (505) 269-6556 if you have questions.

Please submit within 14 days of event.

**Email:** treasurer@nmpotters.org

**Mail:** Reimbursement form and receipts to 824 La Senda Ln NW  
Los Ranchos De Albuquerque, NM 87107-6412

NAME and ADDRESS OF PERSON SUBMITTING REQUEST

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*Please attach a copy of each receipt for which reimbursement is requested.*

Date	Paid to	Event	Description	Amount

Millage Reimbursement for travel .25 per mile (> 50 miles) \_\_\_\_\_ x .25 = \_\_\_\_\_

TOTAL AMOUNT REQUESTED \_\_\_\_\_

Date Submitted:

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Date Received by Treasurer:

\_\_\_\_\_

Treasurer's Signature

\_\_\_\_\_