

**EASTERN ZONE  
VOLUNTEER REIMBURSEMENT REQUEST**

**MAIL DIRECTLY TO:**  
Mary Fleckenstein  
2089 Pawlet Dr  
Crofton, MD 21114

**Email to:** [mjfleck333@hotmail.com](mailto:mjfleck333@hotmail.com)  
**All receipts must be included**

**EXPENSES SUBMITTED LATER THAN 60 DAYS WILL NOT BE REIMBURSED.**

<b>NAME:</b> _____		<b>PHONE #:</b> _____
<b>MAILING ADDRESS:</b> _____		
<b>CITY/STATE/ZIP:</b> _____		
<b>REIMBURSEMENT REQUESTED AS FOLLOWS:</b>		
<b>TELEPHONE:</b>	<b>\$</b> _____	<b>OTHER (DETAIL SPECIFICS):</b>
<b>POSTAGE:</b>	_____	_____
<b>DUPLICATING:</b>	_____	_____
<b>SUPPLIES:</b>	_____	_____
<b>TRAVEL EXPENSES:</b>		
<b>AIRFARE:</b>	_____	_____
<b>GROUND:</b>	_____	_____
<b>LODGING:</b>	_____	_____
<b>OTHER:</b>	_____	_____
<b>TOTAL REQUEST:</b>	<b>\$</b> _____	

The above expenses were incurred carrying out duties for the program of \_\_\_\_\_  
\_\_\_\_\_ for the Eastern Zone.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_, Eastern Zone Treasurer