



PO Box 3355
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REQUEST for EXPENSE REIMBURSEMENT

Requested by: _____ Date: _____

Purpose: _____

Make Check Payable To: _____

Mailing Address: _____

Authorized By: _____ Title: _____

Expenses not to exceed: \$ actual allowable expenses

Please mail this Request for Expense Reimbursement along with invoices and receipts to:

Sacramento Association of Health Underwriters
 PO Box 3355
 Citrus Heights, CA 95611-3355

Payment shall be forwarded promptly upon receipt of this Request for Expense Reimbursement. Invoices and receipts are required for the reimbursement of expenses related to the Sacramento Association of Health Underwriters. All reimbursable expenses must be pre-approved by the president or treasurer of the association, and must be submitted within 60 days of the event or reimbursement is forfeited.

Please itemize expenses:

Registration _____	\$ _____
Airfare _____	\$ _____
Lodging _____	\$ _____
Meals – not to exceed \$55.00 per day _____	\$ _____
Taxi/Car Rental/Parking _____	\$ _____
Other _____	\$ _____

Note: Optional and unnecessary expenses are the responsibility of the individual, including telephone calls, hotel room mini bar, cable TV movies, bar tabs, etc. If you have any questions, please contact the president or treasurer for pre-approval of any specific expenses. This will help us maintain good financial responsibility to the members of the Sacramento Association of Health Underwriters.