



AMERICAN GUILD OF ORGANISTS
 NATIONAL HEADQUARTERS AND THE AMERICAN ORGANIST MAGAZINE
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REQUEST FOR REIMBURSEMENT

Instructions: To navigate this form use the Tab key. Fields with an asterisk (*) are required to be filled in.

TRAVEL INFORMATION

Name: _____ Title: _____

Nature of Meeting: _____ Date: _____

Number of 24-hour periods for this trip (from departure from home until return home): * _____
Required Information

Check to be made payable to: _____

Address: _____

EXPENSES

	Amount Reimbursed
Air Travel (attach receipts)	\$ _____
Surface Travel (taxi, bus, subway, etc, please describe)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Automobile Mileage: _____ miles @ 55.5¢ per mile	\$ _____
Tolls	\$ _____
Parking	\$ _____
Overnight Accommodations	\$ _____
Meals	\$ _____
Average per diem you paid per day (Total divided by the number of 24 hour periods)	_____
If the average per diem you paid per day exceeds the per diem allowance of \$71 per 24-hour period, you will be reimbursed at the rate of \$71 per day.	
Maximum amount eligible for reimbursement	_____
*Other Expenses (please itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Date Submitted: _____ Signature: _____

*The AGO will reimburse volunteer leaders for necessary expenses of travel, meals, and lodging while away from home on Guild business. Reimbursement for meals and other incidentals will be limited to \$71 per day. If the Guild or other meeting host provides any meal, the maximum reimbursement will be reduced accordingly. If you wish to contribute all or part of your expenses to the Guild as a tax-deduction, please contact the Director of Development and Communications for details.

RECEIPTS MUST BE PROVIDED FOR ALL EXPENSES OVER \$10. SIGN AND RETURN THIS FORM TO AGO HEADQUARTERS.

FOR OFFICE USE ONLY

Approved: _____ Account Number: * _____
Required Information

Date: _____ Check # and Date: _____

