

**AMERICAN ASSOCIATION FOR NUDE RECREATION**  
**1703 N. Main Street, Suite E, Kissimmee FL 34744**  
**FAX: 407-933-7577 E-mail to: finance@aanr.com**

**REIMBURSEMENT REQUEST**

**Name:** \_\_\_\_\_

**Street/POB:** \_\_\_\_\_

**City/State/Postal Code:** \_\_\_\_\_

**Where/When did you incur the expense:** \_\_\_\_\_

**For what purpose:** \_\_\_\_\_

(1) Auto: Number of miles \_\_\_\_\_ x \$0.725      \$ \_\_\_\_\_

(2) Commercial Carrier (attach receipt)      \$ \_\_\_\_\_

(3) Lodging (attach receipt)      \$ \_\_\_\_\_

(4) Miscellaneous (attach receipts)      \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Totals: Canadian \$** \_\_\_\_\_

**U.S. \$** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account to be charged:** \_\_\_\_\_

\*\*\*\*ALL REIMBURSEMENT REQUESTS MUST BE ACCOMPANIED BY RECEIPTS\*\*\*\*