

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******