



Mail to: D10 Treasurer
D/Lt/C Kris Harmon, AP
700 Stonewood Rd.
Eagan, MN 55123

Phone: 651-688-6464
Office: 952-829-0937
E-mail: klharmon@comcast.net

Expense Reimbursement & Travel Subsidy Request Form

Officer Name: _____ Position/Department _____

Address: _____

Purpose of expense: _____ *Expenses claimed must be submitted within 60 days of expense*

Date	Description/Vendor	Air Fare	Hotel Lodging	Personal Auto Ground Transportation	Other	Total
Column Totals						
Subtotal						
Less Amount Donated (1)						()
Total Claimed						

Receipts must be attached to expense form or it will not be processed.

Claimant Signature _____ Date: _____

(1) Amounts listed in this column are expenses donated by me for the benefit of USPS District 10 That I do not wish to be reimbursed for nor received any benefit from.

Bridge Office Approval _____ Date: _____

Explain Reason for Expense or for Travel Subsidy write in National Meeting Location:

Treasurers Use Only

G/L Acct # _____	Amount \$ _____	Check # _____
G/L Acct # _____	Amount \$ _____	Date Paid _____
G/L Acct # _____	Amount \$ _____	

Non Travel Expenses must be approved by Bridge Officer responsible for departmental expenses Refer to District 10 Travel Subsidy Policy for specific instructions on what may be claimed