

Reimbursement Estimate / Request Form

Revised: January 31, 2021

- Pre-Approval:** All reimbursable out-of-pocket expenses require pre-approval by a Program, Project, or Executive Director. If reimbursements associated with an activity, trip or event are expected to be over \$200, an estimate should be submitted ahead of time using this form. In all other cases, a verbal approval is sufficient.
- Submission:** Please submit this form by email, mail, or in-person.
 - Email: Send to the governing Program, Project, or **Executive Director**. (executivedirector@blueridgepride.org. Send a copy to Finance@BlueRidgePride.org.
 - Mail: Blue Ridge Pride - Reimbursements | PO Box 2044 | Asheville NC 28802
 - In Person: Deliver to the governing Program, Project, or **Executive Director**.

Requestor Name	
Program / Project / Event	
Date	
Type of Submission	<input type="checkbox"/> Estimate <input type="checkbox"/> Reimbursement
Payable To (Legal Name)	
Mailing Address	
Email	
Phone	

Expense	Estimate	Actual
Round-Trip Miles * \$0.50*		
TOTAL		

* The IRS allowance for driving for charities is \$0.14 per mile. We have adjusted our rate to be closer to the rate used by businesses.

Approval

Name		Title	
Signature		Date	