

**WELS HANDBELL FESTIVAL EXPENSE REIMBURSEMENT REQUEST**

**Date:** \_\_\_\_\_ **Region:** NE SE W  
(circle one)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CHURCH/SCHOOL:** \_\_\_\_\_

<b>MILEAGE:</b>	<b>Reason:</b>	(enter mileage here:)		<b>0.00</b>
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<b>MILEAGE:</b>	<b>Reason:</b>	(enter mileage here:)		<b>0.00</b>
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<b>MILEAGE:</b>	<b>Reason:</b>	(enter mileage here:)		<b>0.00</b>
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(Current -2020 IRS mileage reimbursement rate is \$0.575/mile)

<b>TOTAL:</b>	<b>\$0.00</b>
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[www.irs.gov](http://www.irs.gov)

**POSTAGE: (List mailings)**

cost:	
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cost:	
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<b>TOTAL:</b>	<b>\$0.00</b>
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**PRINTING: (Please itemize)**

cost:	
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cost:	
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cost:	
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cost:	
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<b>TOTAL:</b>	<b>\$0.00</b>
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**SUPPLIES: (Please itemize)**

cost:	
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cost:	
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cost:	
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cost:	
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<b>TOTAL:</b>	<b>\$0.00</b>
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**FOOD: (Please itemize)**

cost:	
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cost:	
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cost:	
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cost:	
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cost:	
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<b>TOTAL:</b>	<b>\$0.00</b>
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**OTHER: (Please itemize)**

cost:	
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cost:	
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<b>TOTAL:</b>	
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<b>GRAND TOTAL:</b>	<b>\$0.00</b>
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<b><i>Please attach receipts/statements (or copies) when submitting your request.</i></b>							
<b>( use the reverse side if you need more space)</b>							
Send requests to:							
		Kristi Meyer, Treasurer				Tel:	
		N76 W14692 Northpoint Dr.				E-mail: kristi.meyer@wlc.edu	
		Menomonee Falls, WI 53051					
							Thank you!



