

For office use only: Date \_\_\_\_\_ Check Number \_\_\_\_\_

## NOVELISTS, INC.

### EXPENSE REIMBURSEMENT REQUEST FORM: Members

<p>Allowable types of such expenses include printing/photocopies, office supplies, miscellaneous expenses (such as taxis taken to conduct conference business or tips given by site committee members); and fax/phone incurred on behalf of Novelists, Inc. Approved travel expenses by Board or Committee members may also be included here.</p> <p>Please list your expenses on the form below (attach further sheets if needed) and attach the required documentation. This form should then be <b>signed by a board member</b> for all Board expenses, or by the <b>pertinent committee chair</b>, for all committee expenses (even if incurred by a Board member), and emailed with the appropriate receipts to <a href="mailto:admin@ninc.com">admin@ninc.com</a> or mailed to:</p> <p>Novelists, Inc. c/o Terese Ramin PO Box 54 Hartland, MI 48353</p> <p><b>Individuals may not approve their own expenses.</b></p> <p>Questions? Phone 517-294-0765 Email: <a href="mailto:admin@ninc.com">admin@ninc.com</a></p>	<p><b>Required documentation:</b>  <b>For printing/photocopies, office supplies, and miscellaneous expenses:</b> Submit receipts and list below. If no receipt exists (as for tips), list each expense, when and where it was incurred, and what it was for. <b>For postage over \$10</b>, submit receipts. For postage under \$10, submit the amount and note what it was for. <b>For fax/phone expenses</b>, submit a photocopy of your bill with NINC calls and the charges highlighted or circled. Note directly on the bill, if possible, or on a separate sheet, who you called and why (e.g., board, conference, newsletter, nominating committee, members' survey).  <b>For travel:</b> Submit receipts for airfare, taxi, or train fares over \$25.00. For mileage, submit odometer readings OR map trip documentation (eg Mapquest, Google Maps, etc.) For expenses under \$25.00 ONLY, please list. Use an additional page if necessary.</p> <p>Single expenses over \$25 not included in the budget, and all expenses in excess of the budget, must first be approved by the Board.</p> <p>Thank you!</p>
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**Date of Expense: Amount: Type of Expense:**

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Total: \$ \_\_\_\_\_**

**Approved by:**

\_\_\_\_\_  
Board member or Committee Chair

\_\_\_\_\_  
Date

**Your name, address, email, and telephone number (Please write clearly):**

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