

TRUSTEE REIMBURSEMENT FORM

Pension Fund Name: _____

Pension Fund Trustee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Event/Conference: _____ Dates of Event: _____

Please give full details of expenses along with attached documents and receipts.

Date	Description/Service Provider	Category: Lodging/Meals/Mileage/Registration/Other	Amount

Total Amount Requested: \$ _____

Signature below must be Trustee other than individual requesting reimbursement:

Trustee Signature: _____ Date: _____

-OR-

Authorization to reimburse the above expenses was approved by a Roll Call Vote on _____, 20____.

Pension Fund Authorization Signature: _____