



**Southwestern Region
American Music Therapy Association**

REQUEST FOR REIMBURSEMENT OF PERSONAL FUNDS

EXPENSES (Please attach all receipts or copies of receipts.)

EXPENSE ITEM	DESCRIPTION (purpose, location, etc.)	AMOUNT
Copy, fax		
Postage		
Airfare		
Parking		
Mileage	_____ miles x .50/mile =	
Food		
Lodging		
Other Please specify		
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

Funds requested by: _____ Date _____

Address _____

Approved by: _____ Date _____
Region President

Funds dispersed by: _____ Date _____ Check # _____
Region Treasurer

Return this form to the Treasurer or Region President