

**Request for Payment 2024**

Instructions:

In accordance with the MKN fiscal policies and procedures, a request for reimbursement of expense(s) incurred for Chapter business must be received by the Treasurer within 60 days of the completed activity.

Maximum meal reimbursement claim rates inclusive of up to 18% gratuity:

Breakfast: $14.00

Lunch: $16.00

Dinner: $29.00

*\*The listed rates are for business in KC; reimbursement is based federal* [*rates; visit www.gsa.gov/travel/*](http://www.gsa.gov/travel/) *for rates of all other locations.*

Mileage reimbursement is $0.655/mile for 2024. Attach verification of most direct route.

Please submit by scanning this form and all receipts to:

Brandon Hammond

mokanne-president@eoa.org

cc: mkn\_treasurer@eoa.org

Refer to MKN fiscal policies & procedures manual for allowable expenses.

Questions to Brandon Hammond, President

or Stephanie Raymond, Treasurer

Emails listed above

Special Instructions:

## 

Wisconsin

## Please enter the name and address of the payee/vendor/organization to receive the check.

|  |  |
| --- | --- |
| Name: | Phone: |
| Address: *Check if new address.* | City, State, Zip: |

Purpose:

(Board Meeting, Committee Work, Conference, etc..)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense with Description  EX: Lodging, Printing, Postage, Ground Transportation, Baggage Fees | Qty. | Costs | Amount | For Office Use Only:  Budget Assignment |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| Total | | |  |  |

# Payment Requested by:

(Person Completing Form)

# Approval:

(MKN President)

# Date:

Date:

Issued: Date:

(MKN Treasurer)

Written/Electronic Check #: \_ 1099 Required

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