North American Region Call To Be Family Lutheran Marriage Encounter

Request for Reimbursement (District or NAR Expenses pd by NAR Finance)

To all those who give so unselfishly of their time and efforts, we need your help! When submitting a request for reimbursement, please use this form and attach supporting bills/paid receipts, so that our organization will comply with the rules imposed by the Internal Revenue Service. (As of August 2013 the mileage rate for reimbursement is 24 cents per mile. The IRS considers any mileage reimbursement over 14 cents as miscellaneous income that you would need to report as such. (NAR will only send a 1099-Misc if the taxable portion exceeds the \$600 minimum for reporting.)

Make check payable to:		Date:			
Send check to:			send this for & Marcia R e		
Address:			Amberidge		
City:	(or E	mail to:	el Hill, NC 27 narfinanceco 797-0501 fo	ouple@gmail.	com
State: Zip:			, , , , , , , , , , , , , , , , , , , ,	questions	
Loving Task Held:					
Phone#	Email:				
Description: (Attach supporting receipts/invoic	es):			Amount	
To make this a tax deductible donation use line	below Expen	se Repo	rt Total		
I/we wish to donate (All or amount)	Balan	ice reim	bursed		
Approval: Local District	NAR				
Date Paid: Cł	neck#				