

# RVMTA REIMBURSEMENT REQUEST FORM

ALL REQUESTS MUST BE MADE BY 10 DAYS AFTER THE EVENT.

Date of Request: \_\_\_\_\_

Event: \_\_\_\_\_

Catagory/Description	Amount
	\$
<b>Total Expenses Incurred:</b>	<b>\$</b>

1. Please list all expenses incurred on behalf of RVMTA and attach the related receipts to this form.

2. Please mail this form, receipts, and invoices to: **VICKY ELLIOTT, RVMTA Treasurer**  
**415 Winesap Road**  
**Roanoke, VA 24019**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

Check payable to: \_\_\_\_\_

Address of payee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_