



**ASHRAE Boston Chapter**  
**Misc. Reimbursement Form**

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Reason for Reimbursement:** \_\_\_\_\_

**Food**

Reason: \_\_\_\_\_  
Place: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How many People? \_\_\_\_\_

Total Cost of Food bill: \$ \_\_\_\_\_.

**Stationary**

Reason: \_\_\_\_\_  
Store: \_\_\_\_\_  
Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost of Stationary: \$ \_\_\_\_\_.

**Other**

Topic of Reimbursement: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Purchased from: \_\_\_\_\_  
Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost of Other: \$ \_\_\_\_\_.

**Total Requested Amount:** \$ \_\_\_\_\_.

***Requested by***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Approved by***

\_\_\_\_\_  
Bill Garvey  
ASHRAE Treasurer

\_\_\_\_\_  
Date

**NOTE:**  
**Please remember to attach  
copies of ALL receipts that  
have been collected. Form  
MUST be completed within  
30 days of date of purchase.**