	Paradise Service Associa	ates (PSA) Mileage Log and F	Reimbursement Form			
Person requ	uesting reimbursement (Print	t):				
- A						
	reimbursement:					
	eimbursement form from com					
			nes for each receipt/add pages if necessary) and	attach receipts		
		nitttee chair or president for appro				
	<del>_</del>	o approve, then forward to the pre	**			
		gnate which account the expense v	will be charged (refer to budget)			
	and 1 other board officer will				_	
		will be submitted to NW Water for				
8. NW Wate	er will forward check to President	dent for signatures (2 officers requ	aired) and mailing			
Mileage exp	pense is to be charged to	(1	general, park or water)			
			,			
Date	Start Location	Destination	Purpose of Trip	R/T mileage	Rate \$.53.5	\$ Amount (miles x rate)
Total						
Signature of	person requesting reimburser	ment and date:				
	1 0					
Committee (	Chair approval signature & da	nte PSA	Board Officer approval signature & date			
			***			
		PSA	Board Officer approval signature & date			
For Offical	Use only:		11 5			
Date reimbursed:		Check #:		1		
Form PSA 2	(6/20/2016)					