



Reimbursement Form

(This form is available on portangelessymphony.org)

Name: _____ Concert Date: _____

Address: _____ Tel: _____

Mileage
A. Round-trip miles traveled per rehearsal or concert: _____
B. Less 20 mile deduction equals reimbursable miles per trip: _____
C. Number of trips to rehearsals and concerts: _____
D. Number of trips (C) multiplied by reimbursable miles (B) equals total number of miles to be reimbursed: _____
E. Multiply by \$0.40 if traveling alone (E x D): \$ _____
or
Multiply by \$0.50 if car-pooling (reimbursement is paid to driver only): \$ _____

Player Instrument Maintenance and/or Supplies
Amount: \$ _____
Description (please attach receipt): _____
Limit is \$100 per season. Reimbursement requests should be submitted by June 1 to be included in the current season payments. Please include total amount of repairs/supplies because reimbursements more than the limit are possible if sufficient funds are available. Reimbursements are paid annually at the end of the Symphony's fiscal year (June 30).

Other
Amount: \$ _____
Description of expenditure (please attach receipt): _____

Baby-sitting (submit this form only if you have paid a sitter)
Please submit the amount you paid your baby-sitter for rehearsals. Reimbursement is limited to \$20 per rehearsal. Please tell us the actual amount you paid for a sitter (even if it is greater than \$20) \$ _____ per rehearsal
A. Reimbursable amount (actual amount paid up to a maximum of \$20 per rehearsal) \$ _____
B. Number of rehearsals you paid amount reported in A. to a baby-sitter \$ _____
C. Total reimbursement (multiply A x B) \$ _____

Signature _____ Date: _____