



# ***FIRST* in Michigan**

## **PERSONAL REIMBURSEMENT REQUEST FORM**

**(Not for business invoices to be paid directly)**

Date:

Pay to:

Address:

Program:

Event:

Vendor & description

Amount

**TOTAL**

***Please attach all supporting documentation.***

*Large amounts must be pre-approved.*

*Personal vehicle travel expenses are reimbursed for significant distances using a rate of \$0.25/mile.*

Approved by:

Email forms and documents to **[bills@FirstInMichigan.org](mailto:bills@FirstInMichigan.org)**