



Expense/Reimbursement Request

Date: _____

Reason for Expense: _____

Amount Requested: _____

(Please attach statement, bill, receipt, etc.)

Mileage _____ at .56 per mile

Name on check: _____

Address where check is to be mailed: _____

Signature: _____

Please submit to Treasurer with copies of statements, bills, receipts, etc.:

Mark Jordan
644 Melbourne St
Pittsburgh, PA 15217

For office use only:

Paid Date _____ Check Number _____

TSSCVPR Web site: www.TSSCVPR.org

American Association of Cardiovascular and Pulmonary Rehabilitation- Affiliate

[TSSCVPR Web site: www.TSSCVPR.org](http://www.TSSCVPR.org)

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