

**AMERICAN ASSOCIATION FOR NUDE RECREATION  
1703 N. Main Street, Suite E, Kissimmee FL 34744  
FAX: 407-933-7577 E-mail to: finance@aanr.com**

**REIMBURSEMENT REQUEST**

**Name:**

**Street/POB:**

**City/State/Postal Code:**

**Where/When did you incur the expense:**

**For what purpose:**

- |   |          |    |
|---|----------|----|
| (1) Auto: Number of miles               | @ \$0.70 | \$ |
| (2) Commercial Carrier (attach receipt) |          | \$ |
| (3) Lodging (attach receipt)            |          | \$ |
| (4) Miscellaneous (attach receipts)     |          | \$ |

**Totals: Canadian \$**

**U.S. \$**

**Signature of Requestor: \_\_\_\_\_**

**Date of Request: \_\_\_\_\_**

**Approved by: \_\_\_\_\_ Date: \_\_\_\_\_**

**Account to be charged: \_\_\_\_\_**

**\*\*\*\*ALL REIMBURSEMENT REQUESTS MUST BE ACCOMPANIED BY RECEIPTS\*\*\*\***