

**Indiana On Wings**  
**Gold Wing Road Riders Association**  
**Submission For Expense Reimbursement**  
**(Attach Original Receipts)**

Date: \_\_\_\_\_

Printing \_\_\_\_\_

Lodging \_\_\_\_\_

Telephone \_\_\_\_\_

Rallies \_\_\_\_\_

Postage \_\_\_\_\_

Office Supplies \_\_\_\_\_

Goodie Store \_\_\_\_\_

Rider Ed Materials \_\_\_\_\_

Rider Ed Instructional Fee \_\_\_\_\_

Fund Raising Events \_\_\_\_\_

Mileage \_\_\_\_\_ @ \$0.25 = \_\_\_\_\_

Other Expenses (Provide Detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Reimbursement \_\_\_\_\_

Submit Reimbursement to the following:

Name: \_\_\_\_\_

Address: : \_\_\_\_\_

City, State, Zip \_\_\_\_\_

