

## RCM Request for RSC Assistance

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

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

Position: \_\_\_\_\_

Area: \_\_\_\_\_

RSC Approved? \_\_\_\_\_

For what do you need help? (Please list each expense and provide a Receipt)	Amount

Mileage Reimbursement (must fill in from / to destination/# of miles)	Miles
From	
To	
From	
To	
From	
To	
Total Miles:	

**To be filled in by RSC Treasurer**

Mileage Rate: \_\_\_\_\_ cents per mile      Room Reimbursement: \_\_\_\_\_

Mileage Reimbursement: \_\_\_\_\_

**Total Reimbursement:**

Date Paid: \_\_\_\_\_      Check Number: \_\_\_\_\_

Signature of Payment Recipient: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_

Signature of Executive Comm. Member: \_\_\_\_\_