



Roller Skating Association International

RSA Board Travel Expense Reimbursement Request Form

Name:		Date:	
Purpose of Meeting/Location:			
Dates of Travel:			TOTALS
Miles @ .565/mile:			\$
Odometer Reading:	begin:		Total Miles:
	end:		
Air Fare:			\$

Explanation of Expenses:	Total Travel:
	Amount Due (owed):
	Accounting Use Only:
	GL No.:
	Amount:
	Extended by:
	Signature:
	Approved by: