

## Request for Reimbursement

**James S. McDonnell Foundation  
2008 Advisory Board and Program Meetings  
June 23-26, 2008**

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

Address where check should be mailed:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

### EXPENDITURE

Airfare\* \_\_\_\_\_

Mileage @ 50.5 cents/mile\*\* \_\_\_\_\_

Local Transportation (to and from airport) \_\_\_\_\_

Transportation (to and from meeting site) \_\_\_\_\_

TOTAL REQUEST: \_\_\_\_\_

Reimbursement cannot be made without a receipt for all items.

Expenses must be submitted within 30 days of the event.

Return to: *Alene Roth*  
*James S. McDonnell Foundation*  
*1624 Fairhills Dr.*  
*St. Louis, MO 63146*

\* reimbursed only if not paid directly by the Foundation and approved by JSMF

\*\* rate as of 2008