Flying Samaritans ®

Los Amigos Chapter
P.O. Box 6804 Chandler, AZ 85246*
http://www.FlyingSamaritans.com
for faster processing, mail form directly to the Treasurer.

REIMBURSEMENT REQUEST

	Function / Specialty
✓	*one category only*
	Accounting
	Audiology
	Chiropractic
	Clinic, construction
	Clinic, maintenance & operation
	Conference, convention, or meeting
	Dental
	Flight
	Fundraising
	Internet / website
	Interpreter
	Legal
	Medical
	Meeting, corporate (travel & expenses)
	Membership
	Optometry
	Patient: _____
	Pharmacy
	Public Relations
	Publications
	Trip (clinic)

Please attach all receipts!

Remarks

Total of all itemized costs

Requested Reimbursement =

Consumables	
Item	*Cost*
Clinic supplies	
Medication	
Office supplies: paper, letterhead, etc.	
Office supplies: postage or shipping	
Office supplies: printer-related	
Equipment	
Item	*Cost*
Purchase: _____	
Rental: _____	
Repair: _____	
Services	
Item	*Cost*
Lab tests	
Phone	
Photocopying or printing	
PO Box	
Procedure, medical	
Transportation	
Website: _____	
Other	
Item	*Cost*
Apparel: hats, shirts, name tags, etc.	
Lodging	
Meals	
Rent: facility, office, or storage	

_____ Requestor Name (*printed*)

_____ Date Submitted

_____ Date Incurred

_____ Street Address

_____ City

_____ State Zip Code

_____ Treasurer Name

_____ Date Written

_____ Check #

There is a destiny that makes us brothers, none goes his way alone.
All that we send into the lives of others, comes back into our own. – Edwin Markham