

**REQUEST FOR REIMBURSEMENT**  
(REIMBURSEMENT CAN BE MADE TO LIAISONS ONLY)  
ORIGINAL RECEIPTS **MUST** BE ATTACHED

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

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

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

\_\_\_\_\_

(For multiple mileage reimbursements please fill out page 2)

<b>Quantity</b>	<b>Description</b>	<b>Price</b>	<b>Total</b>

**TOTAL AMOUNT TO BE REIMBURSED:** \_\_\_\_\_

Any additional expenses that you are not submitting reimbursements for (please list value and description; this number is important for audit purposes for the Foundation): \_\_\_\_\_

\_\_\_\_\_

Send this form with all of the original receipts to: The GBS/CIDP Foundation International, The Holly Building, 104 ½ Forrest Avenue, Narberth, PA 19072.



**GBS | CIDP**  
Foundation International

**Request for Mileage Reimbursement**  
(Please refer to IRS.gov for standard mileage rate)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date Traveled	Start Location	Destination	Description	Mileage	Reimbursement
					\$
TOTAL REIMBURSEMENT					\$