

**GENERAL REIMBURSEMENT FORM**

Appr.: \_\_\_\_\_  
Fnd. No.: \_\_\_\_\_  
Ck. No.: \_\_\_\_\_

**SOCIETY FOR RISK ANALYSIS**  
1313 Dolley Madison Blvd, Suite 402  
McLean, VA 22101  
703-790-1745 (FAX: 703-790-2672)

**EXPENSE REIMBURSEMENT POLICY**

- 1. No expense shall be reimbursed without a prior approved budget or the prior written approval of the Executive Secretary.
- 2. Expense reimbursement requests with approved budgets or prior written approval of the Executive Secretary will be paid promptly upon receipt by the Executive Secretary.

**EXPENSE APPROVAL REQUEST DATE:** \_\_\_\_\_

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

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

Purpose/Justification of Expense (e.g., budget line item): \_\_\_\_\_

Place, Date of Activity (if applicable): \_\_\_\_\_

TOTAL ANTICIPATED COST \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secretariat Action [ ] Approval [ ] Rejection**

**EXPENSE REIMBURSEMENT REQUEST**

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

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

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

Purpose of Expense (e.g., budget line item): \_\_\_\_\_

Place, Date of Activity (if applicable): \_\_\_\_\_

TOTAL REIMBURSEMENT AMOUNT REQUESTED: \$ \_\_\_\_\_

**[If requested amount exceeds approved amount, please explain]**

\_\_\_\_\_  
Signature Date

**Secretariat Action [ ] Approval [ ] Rejection**