



REIMBURSEMENT REQUEST FORM

Member Reimbursements

- Your reimbursement must be pre-approved by your Field Organizer prior to submitting a request.
- Itemized receipts must be submitted with your completed Reimbursement Request Form or it will not be processed. Email them as attachments or mail in with your completed form.
- Mileage will be reimbursed at the [IRS Standard Mileage Rate](#) for any given year for charitable organizations.
- Reimbursements will be paid via check and will be mailed to the address listed on the form. Expect 6-8 weeks for processing and delivery.

Submit a completed form with itemized receipts to reimbursement@aiusa.org to expedite processing.

Or, mail to: Amnesty International USA, ATTN: Member Reimbursement, Sansome St Suite 210, San Francisco CA 94104.

First Name

Last Name

Mailing Address

City

State

Zipcode

Phone #

Email

AIUSA Role

AIUSA Group

Field Organizer

Reimbursement Amount: \$ _____ Date Incurred: _____

Expense Description:

Yes, my itemized receipts total the reimbursement amount requested and my Field Organizer has pre-approved this expense for reimbursement.

Signature

Date Submitted

STAFF USE ONLY

Date Received:
Date Processed:

FO Approval:
Code:

Signature: