



CMDA Expense Reimbursement Form
Complete This Form, Attach All Receipts And Submit To:

Chrysler Minority Dealers Association
101 W. Big Beaver Rd., Suite 1400
Troy, MI 48084

Date: _____

Name of Entity/Dealership To Be Paid: _____

Address To Which The Check Should Be Mailed: _____

Street: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Annual/NADA Meeting

Summer Meeting

Consultant

Advertising / Web Coupon

Administration

Other: _____

Item	Date	Paid To	For	R	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.			Lodging / Hotel		
8.			Transportation		
9.			Taxi / Limo		
10.			Meals		
11.					
			TOTAL		\$ -

Office Use Only:	Account: _____	Reference: _____
Check Date: _____		Check Mailed On: _____
Check Amount: _____		Recorded: _____