



**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*

*(Please submit expenses for reimbursement within 30 days of incurring expenses)*

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

Name of Entity/Dealership To Be Paid: \_\_\_\_\_

Address To Which The Check Should Be Mailed:

Annual/NADA Meeting

Street: \_\_\_\_\_

Summer Meeting

City: \_\_\_\_\_

Consultant

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Advertising / Web Coupon

Telephone: \_\_\_\_\_

Administration

Email: \_\_\_\_\_

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.					
			<b>TOTAL</b>		\$ -

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

Expenses Submitted By: \_\_\_\_\_ Dealer Signature \_\_\_\_\_ Date \_\_\_\_\_