

Expense / Reimbursement report

PURPOSE: _____

From _____
To _____

Member INFORMATION:

Name _____

Position _____

Manager _____

Date	Description	Food/Bev (401)	Seminar (413)	Printing (420)	Postage (421)	Supplies (424)	Phone (425)	Travel (428)	Misc.	Total	
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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office use only										Subtotal	\$ -
APPROVED: _____										Advances	
NOTES: _____										Total	\$ -
Date paid : _____			Check #: _____								

All original receipts must accompany this report to be reimbursed or credited in any way ... no exceptions