

(State, Area or Advisory Council Name)

EXPENSE REIMBURSEMENT FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____

Reimbursement is hereby requested for the following expenses, as supported by the enclosed receipts and/or other types of documentation:

Food	\$	_____
Supplies	\$	_____
Housing	\$	_____
Photos	\$	_____
Travel	\$	_____
Registration Fee	\$	_____
Other (Describe)	\$	_____
	\$	_____
	\$	_____
Sub-Total	\$	_____
-Advance	(-)\$	_____
Total to be Reimbursed/Returned*	\$	_____

*If difference is negative, attach a check for this amount. If the difference is positive, reimbursement will be made for this amount.

Submitted by: _____
Signature

Mail to: (Name & Address of Appropriate Financial Secretary)

ENCLOSE RECEIPTS AND/OR OTHER TYPES OF DOCUMENTATION