

DISTRICT 23 EXPENSE & REIMBURSEMENT REPORT

OFFICERS & COORDINATORS (Please include Receipts)

DATE	
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NAME	
OFFICE HELD	
ADDRESS	
CITY	
STATE/ZIP	
PHONE	

EVENT	
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TRAVEL TO/FROM:		
MILES TRAVELED		\$
MEALS		
Breakfast		\$
Lunch		\$
Dinner		\$
LODGING (Where?)		\$
	SUBTOTAL	\$

LONG DISTANCE CALLS	ITEMIZE	
		\$
		\$
	SUBTOTAL	\$

COPIES/PRINTING	ITEMIZE	
		\$
		\$
		\$
	SUBTOTAL	\$

SUPPLIES	ITEMIZE	
		\$
		\$
		\$
		\$
	SUBTOTAL	\$

MISCELLANEOUS	ITEMIZE	
		\$
		\$
		\$
		\$
	SUBTOTAL	\$

GRAND TOTAL	\$
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SIGNATURE: _____

FOR TREASURES USE ONLY	
DATE	Delivered Via
Check #	Amount Paid