



(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