



# FLORIDA CCIM CHAPTER EXPENSE FORM

(All request must be made within 3-5 days of receipt)  
**ORIGINALS RECEIPTS REQUIRED**

**CHAPTER/DISTRICT (Please specify):**

MAKE CHECKS PAYABLE TO: \_\_\_\_\_

\*(Tax ID or Social if Over \$650): \_\_\_\_\_

Mail check to: Attention: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

AMOUNT\*:\$ \_\_\_\_\_

Code	Expense	Amount
<b>Total</b>		

**ORIGINAL RECEIPTS AND BACK UP REQUIRED**

Invoice/Documentation Attached
  Expenditure is within District's Budgetary Guidelines  
 For Travel Reimbursement include All receipts, deduct personal expense, and explain any unusual expenses
  Extraordinary expense outside budgetary guidelines (DVP Approval Required)

Name of DP/Designated Rep: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

SEND TO: FL CCIM Chapter  
 ATTN: Alison Hodges  
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 Maitland, FL 32751  
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 Fax: (407) 629-2502  
 E-mail: alison@crowsegal.com

**\*Please note: Checks are process the 15th and last day of each month.**