

# EXPENSE REIMBURSEMENT REQUEST

Attach all receipts and list in proper category. Please include itemized receipts.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS OR SCHOOL \_\_\_\_\_

	<u>AMOUNT SPENT</u>	<u>NC</u>
Office Supplies	_____	_____
Postage	_____	_____
Mileage (54.0 ¢ p/m), Parking and Tolls	_____	_____
Meetings (Refreshments)	_____	_____
Negotiations	_____	_____
Telephone	_____	_____
Good and Welfare (Gifts)	_____	_____
Conferences (CFT, State Council, etc.)	_____	_____
Legal	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL \$ REQUESTED** \_\_\_\_\_

\*NC=NON-CHARGEABLE

APPROVED FOR PAYMENT \_\_\_\_\_

Cathy Campbell, President

AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_ CHECK# \_\_\_\_\_