

For the Period Beginning:

and Ending:

Date:	Category	Amount	Location (Recipient; City)	Description; Who,Why	Round Trip Mileage

**Total Reimbursement Requested:** \$ \_\_\_\_\_ -

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Date \_\_\_\_\_

Categories of Expenses
Office Supplies
Communication
Business Event
Travel
Gifts
Social
Education
Depreciation

*Expenditure of funds from the treasury. The Executive Committee shall have the authority to expend funds no greater than \$300.00*  
 Any person who knowingly presents a false or fraudulent claim for payment is guilty of a crime and may be subject to fines and confinement in state prison.