

Expense Reimbursement

Member Name:
District: 13

Expense Period
From:
To:

Group Name:
District/Group Position:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -
Less Cash Advance
TOTAL REIMBURSEMENT \$ -

Don't forget to attach receipts!

Member Signature _____ Date _____

Approval Signature _____ Date _____

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