Expense Reimbursement

Member Name:
Address
District 13
Group Name:
District/Group Position:

Expense Period
From:
To:

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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