

REIMBURSEMENT FORM



Date _____

Expenses must be submitted within 45 days of completion of trip or activity!

Name _____ Phone () _____

Street Address _____ City/St/Zip _____

Central States Portfolio _____ Chapter Portfolio _____

PURPOSE/EVENT/DATE	CHARGE TO	AMOUNT
	Catering	
	Convention/Nat' Bus Meeting/Forums:	
	registration	
	hotel (double occupancy)	
	travel (\$.14/mile your car)*	
	travel (car rental/gas/tolls)	
	travel (air/parking/tolls)	
	meals (travel for CS business—not forums)	
	Decorations	
	Entertainment	
	Equipment Purchase	
	Gifts/Prizes	
	Hospitality/Refreshments	
	Materials/Merchandise:	
	for sale	
	for distribution	
	Postage:	
	Printing:	
	flyers/invitations	
	other	
	Professional Fees	
	Rental:	
	equipment	
	materials	
	site	
	Supplies/Stationery	
	Telephone	
	Other (specify):	

TOTAL AMOUNT DUE \$ _____

*If you provide receipts, you may receive reimbursement for gas purchases.

If necessary, please explain the above expenses:

Attach receipts and send to: Allison Frankel, 9643 Ash Ct, Blue Ash, OH 45242