

H&I Reimbursement Request Form

Date: _____

Name: _____

Position: _____

Address: _____

Telephone: _____

City/State: _____

Zip Code: _____

Email: _____

Expenditure Report

	Type of expenditure *	Purpose of expenditure **	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
			TOTAL \$ _____

Signature: _____

Approved by: _____

Date: _____

Check #: _____

2nd approval: _____

Date: _____

Examples:

*** Type of expenditure**

Copies; stamps; food for meeting – attach invoice or receipt

**** Purpose of expenditure**

Secretary's Expense – minutes; Outreach Committee – signs for meeting halls; Finance Committee – of month meeting rent, etc.