

EXPENSE REPORT

DIRECTIONS: Fill in the applicable items below. Sign and forward to the State Treasurer. Include all statements, receipts, etc. covering expenses.

Name, II								
Address/				4				
Purpose:				1				
Date(s)	Des	scription	Travel	Lodging	Meals	Other	Total	
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- 1/2 - 2 1		Tatala						
Certification		Totals						
I certify this statement, the amounts claimed, and the attached receipts represent necessary expenses incurred by me					FOR ACCOUNTING USE ONLY Received - date:			
while engaged in the association's business.					Posted - date:			
SUBMITTED BY:					Check # Dated:			
Signature Date				Return mail - date:				

WHITE & YELLOW - STATE TREASURER

Check #	_ Dated:
Return mail - date:	
DINIK OF	CIOINIATOR

PINK - ORIGINATOR