

Approval:

## **IMPORTANT - PLEASE SUBMIT WITHIN 15 DAYS OF EXPENSE** Name or Check to be Made Payable to (Please Print): Dates Covered: Mailing Address: Committee: Position: Meeting Attended: TRAVEL ITINERARY To: Date: From: To: From: Date: ATTACH ORIGINAL RECEIPTS ONLY DATE **TOTAL** Registration Airfare Hotel Transportation Food Other **TOTAL EXPENSES:** LESS ANY ADVANCE or Committee Chair Approval DONATION TO THE FOUNDATION: Treasurer Approval **NET REIMBURSEMENT:** \*Explanation of Other Expenses: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Signature:

Date: \_\_\_\_\_