

AREA 47 EXPENSE REIMBURSEMENT FORM 2025

Name		Approved by	
Position/Office		Check #	
Date		Initials	

EXPENSES

Category	Dates	Details	Amount
Convention			
Registration			
Hotel			
Meals			
Tolls			
Parking			
Mileage rate=0.245			
Postage			
Printing/copying			
Literature			
General Operating			
		Total	

Signature

Date