

ALPHA RHO STATE CONVENTION/CONFERENCE

EXPENSE REIMBURSEMENT FORM

1. Complete and give or mail to:
2. All bills must be submitted no later than 14 days after the event.

On the lines below, please itemize expenses and list the reason(s) for expenses and the budget account to be charged. If more than one account is to be charged, please provide subtotals. Attach receipt(s) for proof of purchase.

Expense Amount

Reason

Budget Account

TOTAL: _____

Make check payable to:

Name _____

Address _____

City, State, Zip _____

Signature of person claiming expense:

Signature of Committee Chair

_____ Date _____

FINANCE USE ONLY

Approved by State Coordinator: _____

Reviewed by State Treasurer: _____

Date Paid _____

Check Number _____