



# CBSPAN

Expense Reimbursement Form  
(Forward to Treasurer)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Committee Expense/Meeting      \_\_\_\_\_ Executive Expense/Meeting

\_\_\_\_\_ Board Expense/Meeting            \_\_\_\_\_ Other Expense/Meeting

**Expense Items for Reimbursement:** (Paid receipts must be attached for reimbursement)

	Amount
Airfare	_____
Mileage _____ miles @ \$ _____ /mile	_____
Hotel _____ nights @ \$ _____ /night	_____
Telephone	_____
Office supplies (paper, envelopes, etc)	_____
Postage	_____
Printing/Copying	_____
Registration (conference, seminar)	_____
Miscellaneous/Other expenses	_____
<b>Total</b>	_____

Signature: \_\_\_\_\_

For Treasurer Use Only

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Approved by: \_\_\_\_\_