

District 11 Expense Report

Name:		Date:
Service Position:		
Address:		
Phone #:	E-Mail Address:	
Mail check to: () Same as above		
Mail check to:		
Purpose of expense:		

Description of Expense:	Qty.	Cost each	Extension
Total Expenses			

Note: Mileage reimbursed at \$.67 a mile

Committee Chair Approval:

Printed Name: Signature: _____

Date: _____ Budget line assigned: _____

Please submit the completed form and related receipts (required)

Submit by Email to: Treasurer@AA-NIA-Dist11.org

OR via US Postal Mail to:

District 11 – Treasurer

P.O. Box 846

McHenry, IL 60051

Treasurer’s Record:

Date Paid: _____ Check #: _____

Description if necessary: _____

Date Archived: _____