

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 \$.40 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 6

McHenry, IL 60051

Treasurer's Record:

Date Paid: _____ Check #: _____

Description if necessary: _____

Date Archived: _____