

EXPENSE REIMBURSEMENT FORM Date(s) of Expense(s): _____

Receipts are required for all expenses submitted on this form.

Expense Purpose: _____

Location: _____

Submitted by: _____

Signature: _____

Expenses:

From:	For:	Charge to:	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Total	\$ _____

Make Check Payable To: _____

Address: _____ City _____ State _____ Zip _____

Other Expenses (Explain): _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Reimbursement Requested \$ _____

2014 Joint Conference Committee Use Only:

Approved by: OWEA Chair _____

Date paid _____

Check number: _____