



**OREGON ASSOCIATION FOR FAMILY & COMMUNITY EDUCATION, INC
REIMBURSEMENT OF EXPENSE FORM**

DATE _____

Name _____ Address _____

Office (i.e. position held) _____

Activity (i.e. conference, meeting, training, etc.) _____

Date(s) of Activity _____

	ITEMS OF EXPENSE:	AMOUNT:
Office expenses (printing, copying, etc.)	_____	_____
Travel (car/airlines)	_____	_____
Meals	_____	_____
Registration	_____	_____
Lesson/Program exp.	_____	_____
Hotel	_____	_____
Misc. (list items)	_____	_____
Your signature _____	Total	_____

RETURN FORM (with receipts) TO the Board President (make copies for your file)

Do not write below this line; for treasurer's record only

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President's approval _____ Yes _____ No _____ Date _____

Check no. if reimbursed _____