NWOAHU Expense Form

Name:_____ Date:_____

Date/event	Miles	Amt.@$.35/ Mile *	Other	Meals*	Lodging	Airfare	Parking	Registration	Info Only Charge Card	Total	Comments
		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
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		0.00								0.00	
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		0.00								0.00	
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		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
		0.00								0.00	
Total	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$ -	0.00	

PLEASE NOTE REIMBURSEMENT REQUESTS MUST BE SENT WITHIN 60 DAYS OF EVENT!

I certify that the above are true and accurate expenses incurred on behalf of OAHU

Signature

Please make check Payable to :

Address:

Receipts are necessary for reimbursement. Provide explanation of expense in the comments area.

Submit Expenses to:
Lisa Wickard
lisawick912@gmail.com
519 Madison Ave
5th Floor
Toledo, OH 43604
(419) 720-7926

For Accounting use only:

Account Number	Amount	Account Number	Amount

*Chapter reimburses up to $75/day for food and beverage excluding alcohol.