

NWOAHU Expense Form

Name: _____

Date: _____

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

Info Only

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: _____

Submit Expenses to:
 Vicki Donovan-Lyle
vlyle@bex.net
 (419) 261-2610

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

For Accounting use only:

Account Number	Amount	Account Number	Amount

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