

Keeping a record of expenditures is a fiscal responsibility we all share. This record is for accounting purposes and is an essential reference for budget planning. Thank you for your cooperation.

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(PLEASE CHECK APPROPRIATE CATEGORY)  REIMBURSEMENT  PAYMENT

If a payment is to be made to someone else, please provide the name and address: \_\_\_\_\_  
\_\_\_\_\_

TOTAL EXPENSE AMOUNT REQUESTED (from itemized lists below) \$ \_\_\_\_\_  
*You must submit receipts, bills, invoices or copies thereof with this form.*

Please list your expenditures in the appropriate category (General and/or Program) below.

.....  
**GENERAL OPERATING EXPENSE:** (i.e. non-program items such as stationery, newsletter printing, postage)

Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ **Total \$ \_\_\_\_\_**

**PROGRAM EXPENSE:** (i.e. show awards, meeting demo, luncheon, holiday party, pot luck)

Program Name \_\_\_\_\_ Date \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ **Total \$ \_\_\_\_\_**

Program Name \_\_\_\_\_ Date \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ **Total \$ \_\_\_\_\_**

Mail this form and your receipts to:

Laura Lutz  
PO Box ~~292~~ 614  
Manasquan. NJ 08736

For Office Use Only
Check # _____ \$ _____ Date _____