

**LAKE SULLIVAN ASSOCIATION EXPENSE FORM**

(PLEASE ATTACH ALL RECIEPTS)

DATE(S) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

REIMBURSEMENT ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

LODGING: COST PER NIGHT \_\_\_\_\_ X \_\_\_\_\_ NIGHTS = ....

MILEAGE: NUMBER OF MILES \_\_\_\_\_ X \$0.14 = .....  
(2016)

MEALS:.....

POSTAGE:.....

MEETING SUPPLIES:.....(total of below lines) \_\_\_\_\_

\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.

OFFICE SUPPLIES:.....(total of below lines) \_\_\_\_\_

\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.

OTHER:.....(total of below lines) \_\_\_\_\_

\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.

GRAND TOTAL :.....

SIGNATURE: \_\_\_\_\_

(For Treasurer use only)		
Reimbursement: Amount:	_____	Check Number: _____
		Date: _____