

**Expense Reimbursement Form  
Oregon Area Officers and Coordinators**

Pay to: \_\_\_\_\_

Name [If different from above]: \_\_\_\_\_

Position with Area: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please reimburse the following expenses:

List the item purchased or store bought from, the amount paid, the budget category & an explanation if needed.  
Please attach your receipts.

1. \_\_\_\_\_ \$ \_\_\_\_\_

Budget Category: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

Budget Category: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Paid with check no.: _____
Date paid: _____
<small>[Completed by Treasurer of Oregon Area]</small>