INDIANA EXTENSION HOMEMAKERS ASSOCIATION®

EXPENSE SHEET

Submit to President Elect or Vice President for approval after $100.00 or more.

NAME_____ **OFFICE OR COMMITTEE**_____

ADDRESS_____ **PHONE OR E-MAIL ADDRESS**_____

DATE	EXPLANATION	POSTAGE	PHONE	COPIES	MISC	LODGING	MILEAGE	LDRSHIP
	TOTALS							

Receipts must be attached for verification of expense; excluding mileage.

SIGNATURE_____ _____**Miles X .45 per mile** **Amount due-Mileage $**_____

DATE _____ **Amount Due- Other Expenses** **$**_____

APPROVED BY_____ **TOTAL AMOUNT DUE** **$**_____

DATE_____ **Date Paid**_____ **Check #**_____

EXPENSES FOR PREVIOUS YEAR MUST BE SUMBITTED BY JULY 31

Rev. 3/2009