# ALPHA RHO STATE CONVENTION
## EXPENSE REIMBURSEMENT FORM

1. Complete and give or mail to:

2. All bills must be submitted or postmarked by May 9th.

On the lines below, please itemize expenses and list the reason(s) for expenses and the budget account to be charged. If more than one account is to be charged, please provide subtotals. Attach receipt(s) for proof of purchase.

| Expense Amount | Reason | Budget Account |
|---|---|---|
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| | | |
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| | | |

TOTAL:_____

Make check payable to: Name_____

Address_____

City, State, Zip_____

Signature of person claiming expense: Signature of Committee Chair

_____ _____ Date_____

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**FINANCE USE ONLY**

**Signature of Local Convention Chair:_____**

**Date received_____ Date Paid_____ Check Number_____**