

ATTACHMENT 4

(Expense Request or Reimbursement Form)

Name: _____

Address: _____

Position/Office/Committee, etc.: _____

Date Submitted: _____

<u>ITEM(S)</u>	<u>AMOUNT</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
<u>TOTAL:</u>	\$ _____

Please attach all receipts, postage, sales slips, etc.

Sign: _____

Print: _____

Paid by check # _____

Date paid _____

CLHOA Treasurer