

Member Expense Report

Please scan and email or fax completed form to the current NCCHA treasurer (found on NCCHA website).

Date Submitted: _____

Name		Phone #
Institution	Email	
Reason for Reimbursement Request (award, grant, scholarship, board position):		
Address For Payment To Be Sent To:		
Payment Made Out To:		

Travel Expenses:

Travel Purpose	Dates of Travel	From:	To:
Date	Item Description	Amount	
		\$	
		\$	
		\$	
		\$	
		\$	
	Total	\$	

Non-Travel Expenses –Supplies, Materials, Etc:

Items: Office Supplies, Instruction Supplies, Other Subscriptions		
Date	Item Description	Amount
		\$
		\$
		\$
		\$

I certify that these expenses are for the business of the NCCHA. I certify that the above expenses are correct and I have paid the total shown. I certify that the required receipts and documentation are attached.

Total Expenses \$ _____

X _____
Member Signature

X _____
Treasurer Signature

For Internal Use Only:

Receipts attached

Payment sent on: _____