



EASTERN DIVISION GENESEE VALLEY REGION

SUBMISSION OF INCOME OR EXPENSE REIMBURSEMENT

Program Name: _____ **Date:** _____

Advisor's Name: _____

Advisor's Signature: _____

Reimbursement Payable To: _____

Where to mail check

Mailing Address: Street _____

City, State, Zip _____

INCOME:

Program Fees:	\$		
Fund Raising Income	\$		
Sale of Equipment	\$		
Other:	\$		(Describe) _____
Other:	\$		(Describe) _____

Total Income \$

EXPENSES:

Registration:	\$		
Fund Raising:	\$		
Travel: # of miles x .34	\$		Miles - _____
Postage:	\$		
Telephone:	\$		
Program Expenses:	\$		
Other:	\$		(Describe) _____
Other:	\$		(Describe) _____

Total Expense \$

ALL REQUESTS FOR EXPENSE REIMBURSEMENT MUST INCLUDE RECEIPTS

PLEASE SUBMIT A FORM FOR EACH CHECK TO BE ISSUED

MAIL THIS FORM TO: **Michael Wangler**
4 Owls Rest
Honeoye Falls, NY 14472

Brantling - Bristol - Nortic - Hunt Hollow - Powder Mills - Swain - North Hampton