OA Region 1 Expense Reimbursement Request

*** DON'T FORGET TO ATTACH RECEIPTS ***

Name: _____ Board Position: _____ Date Submitted: _____

Address: _____ Project Team: _____

City, State, Zip _____ Intergroup: _____ Currency (US or CDN): _____

DATE	DESCRIPTION & PURPOSE	AIR & TRANSP.	LODGING	FUEL	MILEAGE @.14	MEALS & TIPS	COPIES	OTHER*	TOTAL
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	

DATE	DESCRIPTION OF "OTHER" (FROM ABOVE)	AMOUNT

Subtotal	$ -
Advances	
Less IG support	$ -
Total Reimbursement	

Authorized By _____ **Date**

For Office Use Only	