name:	position:	
address:	phone: ()	
city:	state : zip:	
Other (specify)	Hoc Committee Chair, Committee	
	ure * Purpose-of-expenditure ** Ar	
1		
2		
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10		
Т	OTAL GENERAL REIMBURSEMENT \$	
signature:		
Mileage - a Telephone - ** Secretary 's	mps; food for Assembly - attach invoice or receipt. tach mileage reimbursement request form attach bill and indicate person. called- and subject. expense - PI-Committee – books for-Public Libraries; mmittee - off month meeting rent, etc.	
Approved by:	dateCheck #	
2 nd signature:	date	