



Attachment to policy 200.2

SCAPAN EXPENSE FORM

DATE: _____ FAX: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PURPOSE: (Please check the appropriate box and write what committee/meeting, etc., the expense is for):

- Committee Expense/Meeting _____
- Board Meeting/Expense _____
- Others Expense _____

Expense Items for Reimbursement:

Amount

Air Fare	_____
Mileage @\$_____/mile	_____
Hotel _____ nights @ \$_____/night	_____
Per Diem _____ days @ _____/day	_____
Telephone	_____
Supplies	_____
Postage	_____
Printing/Copying/Faxing	_____
Refreshments BOD Meeting (not to exceed \$)	_____
Other _____	_____

Total _____
(Paid receipts must be attached for reimbursement)

Signature _____

For Treasurer Use:

Date Paid: _____

Check #: _____

07/07

Approved by: _____

Amount Paid: _____

