SOROPTIMIST®
Investing in Dreams

Soroptimist International of the Americas

SOROPTIMIST INTERNATIONAL OF BOISE
EXPENSE REIMBURSEMENT STATEMENT

Name: _____ **Date:** _____

Officer or Committee: _____

Address: _____ **Phone:** _____

Date	Description	Purpose = Conference/ Meeting/Official Visit/etc.	Amount
	Transportation: Airfare		$
	Transportation: Gas (Mileage)		$
	Meals: Breakfast		$
	Meals: Lunch		$
	Meals: Dinner		$
	Lodging		$
	Duplicating/Copying		$
	Postage		$
	Telephone		$
	Supplies (itemize)		$
			$
			$
	Other (itemize)		$
			$
			$
			$
			$
			$
			$
	GRAND TOTAL		**$**

NOTE:

- All receipts must be submitted with 30 days of event to be reimbursed.
- Attach original receipts for all expenses (copies of phone bills are okay)
- Make a copy for your records of receipts and Expense form submitted
- Sign and date form and send with receipts to SI Boise Treasurer
- Questions?
- E-mail: siboise@soroptimist.net

Send original to:
SI Boise Treasurer
PO Box 8885
Boise, ID 83707-2885

Signed: _____

Date Submitted: _____

Date Paid: _____ **Check No.:** _____

By: _____, Club Treasurer