

Soroptimist International of the Americas

SOROPTIMIST INTERNATIONAL OF BOISE EXPENSE REIMBURSEMENT STATEMENT

Name:	Date:
	E se a ile
Officer or Committee:	Email:

Address:

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	Signed:	
PO Box 8885	Date Submitted:	
Boise, ID 83707-2885		
	Date Paid:	Check No.:
	By:	, Club Treasurer

Phone: