**Expense Report Form** Date: \_\_\_/\_\_\_/\_\_\_

Please make my reimbursement check out to:

Please mail my reimbursement check to:

I belong to this Chapter:

Mail this form with your receipts to: NCTA, 229 E. Main St., Lowell, MI 49331

Signature of Chapter President or Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(This authorizes us to charge expense against your Chapter’s accounts or grants. If you are using State Council funds, the State Chair should sign.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Amount** | **Funding Source** | **Vendor (Who did you pay?)** | **Brief Description of What You Bought** |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **/ /** | **$** |  |  |  |
| **TOTAL:** |  | ***Please submit your expenses at least once each quarter. Also, please use a separate line for each expense.*** | | |

**Funding Source:**

(This tells the office which account to charge the expense to. These guidelines will help you figure out what to fill in for this column.)

**Regular Chapter Fund:** Just fill in your Chapter’s name or abbreviation.

**NCTA Field Grants:** Use the code for your project. If you do not know that number, use your project title or a short description.

**Other Grants or Funding Sources:** Give a grant number if known or a description of the source so we know what account to charge the expense to.