

A.B.A.T.E. OF WASHINGTON

Expense Statement

Member _____

Name _____ Member # _____

Address _____

Chapter _____ Position _____

MONTH _____

From: _____

To: _____

Date	Account	Description	Lodging	Fuel	Meals	Phone	Other	TOTAL

Approved _____

Notes

*Please have all meal receipts itemized.
Failure to do so will void the claim and result
in non-payment of that item .*

I certify the information submitted is an accurate accounting of my
reimburseable expenses.

Signature _____

Printed Name _____

Office Use Only

Formal receipts must be attached for payment authorization