

EDSO REIMBURSEMENT FORM

Name: _____

Expenditure Purpose: _____

Date of Expenditure: _____

Amount to be reimbursed: \$ _____

Please attach receipts to this form.

If reimbursement is for an EDSO function, please provide Treasurer with attendance information

EDSO EVENT, Place _____ Date _____

Cost per Member _____ # of members present _____

Cost for Guests _____ # of Guests present _____

Total Money for Event Collected \$ _____

If new memberships are paid at the event: \$24.00 per year, per member,
Or, for new members, \$2.00 per month of remaining year (after June, 30th).

New Memberships Received: Name _____ Fee _____

New Memberships Received: Name _____ Fee _____

Whenever possible, attach a completed copy of the membership applications.
Copies are available from EDSO Board Members or online at www.edso.info

Total Amount Collected (Event + Membership(s)): \$ _____

Send to: EDSO Treasurer
64 SE 171st Avenue
Portland, OR 97233