

**INDIANA EXTENTION HOMEMAKERS ASSOCIATION  
EXPENSE CLAIM FORM**



- Submit to president Elect or Vice President for approval after \$100.00 or more
- Refer to IEHA Allowable Expenses guide for clarification on what expenses are allowed
  - Receipts MUST be attached for verification of expense (excluding mileage)

**EXPENSES FOR PREVIOUS YEAR MUST BE SUBMITTED BEFORE JULY 31**

NAME: \_\_\_\_\_

OFFICE &  
COMMITTEE:

PHONE:

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS:

SIGNATURE:

DATE:

TOTAL EXPENSES FROM ABOVE: \$

APPROVED BY:

DATE:

# MILES x \$0.50 PER MILE = MILEAGE AMT DUE: \$

DATE PAID:

CHECK #:

TOTAL PAID: \$