

# 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 exspence (excluding mileage)

EXPENSES FOR PREVIOUS YEAR MUST BE SUBMITTED BEFORE JULY 31

NAME: \_\_\_\_\_ OFFICE & COMMITTEE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

DATE	EXPLANATION	POSTAGE	COPIES	SUPPLIES	LDRSHIP	LODGING	MEALS*	NVON*	CWC*	ACWW*	MISC.	# MILES
TOTALS												(# OF MILES)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL EXPENSES FROM ABOVE: \$ \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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

DATE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_

TOTAL PAID: \$ \_\_\_\_\_