

INDIANA EXTENSION HOMEMAKERS ASSOCIATION

EXPENSE SHEET

PAGE ____ OF ____

Submit to President Elect or Vice President for approval after \$100.00 or more.

NAME _____ OFFICE _____ COMMITTEE _____

ADDRESS _____ PHONE _____ E-MAIL ADDRESS _____

DATE	EXPLANATION	POSTAGE	COPIES	PHONE	SUPPLIES	LDRSHIP	LODGING*	MEALS*	NVON*	CWC*	ACWW*	MISC.	MILEAGE
TOTALS													

*Refer to IEHA Allowable Expenses Guide for clarification of allowances. Receipts must be attached for verification of expense (excluding mileage.)

SIGNATURE _____ DATE _____ Miles X .45 per mile Total above: \$ _____

APPROVED BY _____ DATE _____ Mileage amount due \$ _____

Date Paid: _____ Check # _____ Total paid: \$ _____

EXPENSES FOR PREVIOUS YEAR MUST BE SUBMITTED BEFORE JULY 31.