



IFLTA EXPENSE AND REIMBURSEMENT FORM

Date:

Name:

Address:

City, State, Zip:

Purpose/Description of Expenses:

If you have been pre-approved by the Executive Board for Reimbursement, please list the approved amount here: \$

Please complete the chart below, number all receipts according to the chart, and attach all receipts to this page.

#	Date	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL FOR REIMBURSEMENT			\$

Your Signature: _____ Date: _____

FOR OFFICE USE ONLY

Treasurer Signature: _____ Date: _____

Date Received: _____ Date Processed: _____

Payment Information: _____