

**NWLAMG
EXPENSE REIMBURSEMENT SHEET**

Check # _____

Date _____

DATE _____

NAME _____

MAILING ADDRESS _____

PROJECT _____
(Approval of Committee Chair is recommended for expenditures)

<u>Type of Expense</u>	<u>Amount</u>
Advertising	_____
Copies/Printing	_____
Plant Materials	_____
Hospitality	_____
Paper/supplies	_____
Postage	_____
Other (Please Explain)	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

**COMMITTEE CHAIRMAN
SIGNATURE** _____

**NOTE: ATTACH ORIGINAL RECEIPTS TO REIMBURSEMENT FORM. Mail to
Treasurer Lynn Poole, 3101 Fairfield Ave, Shreveport, LA 71104**