

ARSHSA EXPENSE REPORT FORM

**** Please attach the receipts and an itemized listing of the expenses submitted for reimbursement. ****

Date: _____

ARSHSA Committee/Event: _____

Payee: _____

Amount: _____

Expense Submitted by: _____

Check is to be:

_____ MAILED _____ PICKED UP

Mailing Address: _____

Phone Number: _____

Email Address: _____

Chairperson Signature: _____

Treasurer's Signature: _____

Treasurer's Notes: _____

FOR OFFICE USE ONLY

CHECK # _____

DATE PAID: _____

RECEIPTS RECEIVED: _____