

Albuquerque ASE-PTO Expense Report

Name: _____
 Event: _____
 Date: _____

	Date	Vendor	Item(s) Purchased	Pre-Tax Cost	Tax
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
Total				\$ _____	\$ _____
Reimbursable Amount				\$ _____	\$ _____

An Expense Report must accompany all reimbursement submissions
 All information must be completed and all original, itemized receipts must be submitted.

Signature of Board Member: _____ Signature of Committee Chair: _____

Signature of Treasurer: _____