

IDAHO AREA EXPENSE FORM

NAME _____

POSITION _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

EVENT _____ DATE(S) _____

***Please provide copies of receipts - i.e, travel, hotel room, and meals,
with this expense report.***

COSTS:

DESCRIPTION	AMOUNT
EVENT REGISTRATION	
EVENT MEALS	
OTHER MEALS (NO MORE THAN \$100)	
FUEL	
AIRLINE	
CAB/UBER TRAVEL TO/FROM EVENT/HOTEL	
HOTEL – ROOM ONLY	
EXPENSES	
COPIES	
POSTAGE	
INK	
PAPER	
OTHER-EXPLAIN	
OTHER-EXPLAIN	
TOTAL	

Mail to: Idaho Area Treasurer or afgarea13treasurer@gmail.com
P O Box 4521
Pocatello, ID 83205-4521

DATE PAID: _____ CHECK NUMBER: _____