



Legion of Mary

SENATUS OF LOS ANGELES

REIMBURSEMENT FORM

Name: _____

Title: _____

	Dates of Expense(s)	Payment Method (Cash, Ck, CC)	Purpose of Expenditure(s): Please give detailed reasons for all expenditures.
#1			
#2			
#3			
#4			

Summary of Expenses

	Description (Date, Details, Etc.)	Air/Rail Travel	Ground Trans	Lodging	Meals	Other	Total
#1							
#2							
#3							
#4							
Expense Report Total							

I certify these are valid Organization's (**not business**) expenses.

Reimburse To:

Print: _____ Signature: _____ Date: _____

I have reviewed these expenses, and I believe they are true and accurate.

Approved By:

Print: _____ Signature: _____ Date: _____