State Lodge

FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, Inc.

222 East Town St., Columbus, Ohio 43215-4611

PERSONAL ESPENSE RECORD OF: _____

EXPENSE PERIOD BEGINNING: _____ ENDING _____

REASON EXPENSE INCURED: BOARD MEETING / CONFERENCE / LODGE VISIT / _____

DATE	TO	FROM	MILES	PURPOSE

TOTAL MILEAGE: _____ X .55 $_____

(Attach All Receipts)

MEALS .....$_____

HOTEL .....$_____

PARKING & TOLLS .....$_____

SUPPLIES .....$_____

POSTAGE .....$_____

DETAIL ANY OTHER EXPENCES ON REVERSE SIDE .....$_____

GRAND TOTAL.....$_____

SIGNITURE: _____ DATE: _____

APPROVED BY: _____ (PRESIDENT) / _____ (SECRETARY)

CHECK #: _____ DATE ISSUED: _____ REFERENCE #: _____

PLEASE PRINT OR TYPE. MUST BE RECEIVED NO LATER THAN 7 DAYS AFTER THE BOARD MEETING OR CONFERENCE PROCEEDING THE EXPENSE PERIOD, IN ORDER TO BE CONSIDERED FOR REIMBURSEMENT. EXPENSES MUST BE RECEIPTED FOR CONSIDERATION OF PAYMENT.