

A.B.A.T.E. of Oregon
 PO Box 4504
 Portland OR 97208

Expense Report Form

Requested By:			Date:
Address:			
City, ST, Zip:			
Telephone:			
ATTACH ALL RECEIPTS SO PAYMENT CAN BE MADE.			
TYPE OF EXPENSE	REASON FOR EXPENSE	EVENT IF APPLICABLE	\$ AMOUNT
1. Operating Expenses:			
Postage			
Printing Costs			
Telephone/Fax			
Internet Costs			
PORTION PAID BY CHAPTER			
2. Travel Expenses:			
Mileage Reimburse			
Gas			
Meals, per diem			
Lodging			
Air Fare			
Car Rental/Public Trans			
PORTION PAID BY CHAPTER			
3. Fund Raising Expenses:			
a.			
b.			
c.			
d.			
e.			
PORTION PAID BY CHAPTER			
4. Other Expenses:			
a.			
b.			
c.			
d.			
PORTION PAID BY CHAPTER			
		TOTAL REQUESTED:	
Signature of Requester:		Second Signature:	
Office Held:		Office Held:	