

EXPENSE SHEET

OHIO STATE COUNCIL

To receive reimbursement for your expense, please attach your register receipts, invoice or other receipts. Write a description of the expense in the space provided below.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Date _____

Total _____

Issue reimbursement check to: _____

MAIL REIMBURSEMENT REQUEST TO OHIO STATE COUNCIL TREASURER