EXPENSE VOUCHER

Name			Da	ate
	(please print clearly)			
	EXPENSE ; Place the amoun ceipts or bills of sale where necessity		r one of the categorie	es given below:
A)	Benefits paid to or for members (or ISA's)			
B)	Compensation of officers, director, ect.			
C)	Accounting Fees			
D)	Legal Fees			
E)	Supplies			
F)	Telephone			
G)	Postage and shipping			
H)	Printing and publications			
l)	Travelat	per mile		
J)	Conferences, conventions, meetings			
K)	Other: (specify):			
	Registration Fees	S		
	Hotel/Motel			
	Meals Break Lunch Dinne	1	@ \$5 @ \$6 @ \$10	
TOTAL EXPENSES				
I, the undersigned agree that the information supplied above is accurate to the best of my knowledge.				
Date of Expenses Signature (required for reimbursemer				for reimbursement)