



AAAAEA EXPENSE REPORT

MEMBER NAME: _____
(PRINT) LAST FIRST M. INITIAL

Page #: 1
No. of Pages: _____

ADDRESS TO MAIL PAYMENT: _____
Street No. City State Zip Code

DATE SUBMITTED
DAY MONTH YEAR

PURPOSE: _____

DATE OF EVENT	EXPLANATION / LIST OF ITEMS	MAIL/ STAMPS/ POSTAGE	ACTIVITY COMMITTEE RELATED	EDUCATION COMMITTEE RELATED	AWARDS/ MEETINGS RELATED	PUBLICATION COMMITTEE RELATED	SUPPLIES/ COPIES RELATED	OTHER EXPENSES	LIST OF OTHER EXPENSES DETAIL DESCRIPTION	EVENT OR DAILY TOTAL
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
TOTALS:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	SUMMARY TOTAL =	0.00

Please submit receipts of all expenses with your Expense Report. If you do not have receipts, please include detail description

AAAAEA MEMBER SIGNATURE

DATE

FOR OFFICIAL USE ONLY - Please do not write below

	APPROVED TOTAL =	
	RECEIVED:	REIMBURSED:
TREASURER APPROVAL SIGNATURE	ON:	
Anas Khatib	BY:	
PRINT APPROVAL NAME	CHECK NUMBER:	