



REIMBURSEMENT FORM

Payable To:		
Address:		
City:	State:	Zip:

Purpose:

MEETING/EVENT (Class) (Select One)	EXPENSE CATEGORY (Select all that apply)	AMOUNT
Administration	5002-00 Annual National Institute	
All Ohio	5003-00 Regional Board Exp	
Holiday Party	5004-00 Fall Presidents Mtg Exp	
Innovation	5006-00 LTC Board Expense	
Networking	5009-00 Director & Planning Mtg	
Open Board Meeting	5101-00 Audio Visual	
PFS Meeting	5102-00 Program: Food & Beverage	
Women In Leadership	5103-00 Meeting Space Rental	
	5108-01 Speaker Fees <small>(1099 Reportable)</small>	
	5108-02 Speaker: Travel & Gifts	
	5211-00 Annual Recognition	
	5214-00 Networking Event	
	5300-00 Newsletter	
	5601-00 Member Recognition & Awards	
Other Budgeted Event:	5950-00 Web Site	
	6001-00 Printing & Supplies	
Other Non-Budgeted Event:	6003-00 Postage	
	6501-00 Secretarial Support	
	Other	
GRAND TOTAL		

Submitted by:

Approved by:	Date:
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(Up to \$1,000 Committee Chair)

Approved by:	Date:
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(Over \$1,000 HFMA Officer)