



# HDC Expense Reimbursement Form

Name:

Member No

Expense Number

Treasurer use.

Committee Auth

Position

HDC Purpose:

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL £0.00

Less Advance

**TOTAL REIMBURSEMENT £0.00**

**Don't forget to attach receipts!**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_