

ITEMIZED EXPENSE REPORT State Committees & Project Chairs

Date: _____

Name: _____

Office: _____

Address: _____

City: _____

State: PA _____

Zip: _____

PURPOSE	DESCRIPTION	<u>AMOUNT ON</u>	
		RECEIPT	TOTALS
PRINTING/COPYING		\$ -	
			\$ -
POSTAGE		\$ -	
			\$ -
SUPPLIES			
			\$ -
TRAVEL			
	Mileage	\$ -	
	(Reimbursement rate: \$0.50/mile)		
			\$ -
Tolls			\$ -
MEALS		\$ -	
			\$ -
GRAND TOTAL			\$ -

I certify that all items included on this expense sheet were and/or will be used for P.E.O. business and any personal use is nominal and insubstantial. Receipts, bills or similar documentary evidence of charges are attached to support reimbursement of such business expenses.

Signature of Committee Member

Signature of Approval