



AITP Region 18 Expense Form

TO BE COMPLETED BY REQUESTER. All of the following items must be filled in to obtain payment. Receipts must be attached.

DATE: _____
REQUESTER: _____
PURPOSE: _____

PAYABLE TO: _____ TOTAL AMOUNT: _____
SEND CHECK TO: _____

ENTER AMOUNT BESIDE CORRECT EXPENSE ACCOUNT TO BE CHARGED (if known):

EXPENSES	Amount	Description (if needed)
Association Conference	_____	_____
Awards	_____	_____
Bank Fees	_____	_____
Chapter Visitation(s)	_____	_____
Fund Raising	_____	_____
Hospitality Suite	_____	_____
Internet Services	_____	_____
Leadership Retreat Expenses	_____	_____
Officer Planning	_____	_____
Officers' Expense	_____	_____
Other	_____	_____
President Expenditures	_____	_____
Region Committee	_____	_____
Region Conference Expenses	_____	_____
Reimbursement(s)	_____	_____
Supplies (office/sale items, etc.)	_____	_____

SEND COMPLETED FORM TO: Nick Regopoulos
1329 Farrell ST SE
North Canton, OH 44720
OR
rego4nick@aol.com

FOR TREASURER'S USE ONLY:

DATE POSTED: _____
PAID BY: CHECK (CHECK #): _____ DATE: _____ AMOUNT: _____
 CHARGE DATE: _____ AMOUNT: _____
 CASH DATE: _____ AMOUNT: _____