



### NVASLA EXPENSE REPORT

Category	Personal Expense	Chapter CC	Date	Amount	Location/Retailer	Reason

\_\_\_\_\_ TOTAL

Please complete this form and submit a copy of it along with a copy of all receipts via US Mail **OR** Email to the NVASLA Office:

Mail: NVASLA  
PO Box 97896  
Las Vegas, NV 89193

Email: President at: president@nvasla.com  
Past President at: pastpres@nvasla.com  
Treasurer at: st@nvasla.com

If any of the above listed expenses are personal reimbursements, please provide the following information:

Amount of Reimbursement: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mail Check to: \_\_\_\_\_

If you wish to be reimbursed via electronic transfer through **Zelle**, please provide the following information associated with your bank account:

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

CATEGORY	CATEGORY NAME
A	Travel (Airfare, Car Rental, Parking)
B	Meals*
C	Lodging (Hotel)
D	Office Supplies
E	Telephone
F	Facility Rental/Food Services
G	Printing
H	Postage
I	Miscellaneous

\*Alcoholic beverages are not reimbursable expenses

Budgeted: \_\_\_\_\_

Non-Budgeted: \_\_\_\_\_

Approved By:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_