New York North – Area Assembly Reimbursement Form

| Office/Position/Other: | | Activity Dates: | | |
|--------------------------------|---------------------|-----------------|----------------------------|---------|
| Name as on Check: | t | | | |
| Mailing Address: | | | | |
| City: | | NY ZIP Code: | | |
| Evening Telephone Number: () | <u> </u> | | | |
| Expense Item | Cost \$ | | Expense Item | Cost \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | T T | | | |
| | | | | |
| | | | | |
| | | | Total This Column | \$ |
| | | | Total Left Column | \$ |
| Total This Column | \$ | | Total Submitted | \$ |
| *************For Treasurer's U | Jse Only – D | O NOT | Fill in Below this Line*** | ***** |
| Date Received: | Check Number: | | Check Date: | |
| Reimbursement Amount: \$ | Date Check Cleared: | | | |

Form Revised: 8/23/10