



Expense Reimbursement Form

Please submit to:

Lisa Leana, Treasurer

coquette234@yahoo.com

605 Martin Drive, Avondale, PA 19311

Date of Request	
Person to be Paid	
Address for Check	
Is Paypal acceptable?	
Paypal ID	

**Make sure to
include a
copy of all
receipts!!!
(Scans or
Photos ok)**

Date	Expense Description	Amount
	Mileage: _____ miles at \$0.50/mile	
	TOTAL TO BE REIMBURSED	