

Committee/Activity: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date	Item/Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total:	\$

- All receipts must accompany request
- *Committee members should submit all expenses through their committee chair*
- *Signature by meeting co-chair is required if expense is in excess of committee's budget, or if items are not included in the budget*

Meeting Co-Chair Signature (if required): \_\_\_\_\_

Pay to Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submit this form and all receipts to ASCLS-Minnesota Treasurer:

Jenna Amundson  
 ASCLS-Minnesota Treasurer  
 2214 Taft St NE  
 Minneapolis, MN 55418

(For ASCLS-Minnesota Treasurer's use only)

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_