



REIMBURSEMENT FORM

Payable To:		
Address:		
City:	State:	Zip:
Purpose:		

	MEETING/EVENT (Class) (Select One)	EXPENSE CATEGORY (Select all that apply)	AMOUNT
<input type="checkbox"/>	Administration	5002-00 Annual National Institute	
<input type="checkbox"/>	Browns Event	5003-00 Regional Board Exp	
<input type="checkbox"/>	GHALI/All OHIO	5004-00 Fall Presidents Mtg Exp	
<input type="checkbox"/>	Fall President's Meeting	5006-00 LTC Board Expense	
<input type="checkbox"/>	Healthcare Hot Topics	5009-00 Director & Planning Mtg	
<input type="checkbox"/>	Holiday Party	5101-00 Audio Visual	
<input type="checkbox"/>	Innovation	5102-00 Program: Food & Beverage	
<input type="checkbox"/>	Networking	5103-00 Meeting Space Rental	
<input type="checkbox"/>	Open Board Meeting	5108-01 Speaker Fees <small>(1099 Reportable)</small>	
<input type="checkbox"/>	PFS Meeting	5108-02 Speaker: Travel & Gifts	
<input type="checkbox"/>	Volunteer Recognition	5211-00 Annual Recognition	
<input type="checkbox"/>	Women In Leadership	5214-00 Networking Event	
<input type="checkbox"/>		5300-00 Newsletter	
<input type="checkbox"/>		5601-00 Member Recognition & Awards	
<input type="checkbox"/>	Other Budgeted Event:	5950-00 Web Site	
<input type="checkbox"/>		6001-00 Printing & Supplies	
<input type="checkbox"/>	Other Non-Budgeted Event:	6003-00 Postage	
<input type="checkbox"/>		6501-00 Secretarial Support	
<input type="checkbox"/>		Other	
GRAND TOTAL			

Submitted by:

Approved by:	Date:
<small>(Up to \$1,000 Committee Chair)</small>	

Approved by:	Date:
<small>(Over \$1,000 HFMA Officer)</small>	