

REIMBURSEMENT FORM

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

Submitted by:

Approved by: (Up to \$1,000 Committee Chair)	Date:
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Approved by: (Over \$1,000 HFMA Officer)	Date:
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