

**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	
Ethics Virtual Webinar	5004-00	Fall Presidents Mtg Exp	
Winter Gala	5006-00	LTC Board Expense	
Super PFS	5009-00	Director & Planning Mtg	
Career Fair/Scholarship	5101-00	Audio Visual	
Women in Leadership	5102-00	Program: Food & Beverage	
NEO/Western PA	5103-00	Meeting Space Rental	
	5108-01	Speaker Fees (1099 Reportable)	
	5108-02	Speaker: Travel & Gifts	
	5211-00	Annual Recognition	
	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:
Approved by: (Over \$1,000 HFMA Officer)	Date: