

New York North – Area Assembly Reimbursement Form

Office/Position/Other: _____ Activity Dates: _____

Name as on Check: _____

Mailing Address: _____

City: _____ NY ZIP Code: _____

Evening Telephone Number: (____) _____ - _____

Expense Item	Cost \$	Expense Item	Cost \$
		Total This Column	\$
		Total Left Column	\$
Total This Column	\$	Total Submitted	\$

*******For Treasurer's Use Only – DO NOT Fill in Below this Line*******

Date Received: _____ Check Number: _____ Check Date: _____

Reimbursement Amount: \$ _____ Date Check Cleared: _____