



Expense Report Form

Date: ___/___/___

Please make my reimbursement check out to: _____

Please mail my reimbursement check to: _____

I belong to this Chapter: _____

Mail this form with your receipts to:
NCTA, 229 E. Main St., Lowell, MI 49331

Signature of Chapter President or Treasurer: _____
(This authorizes us to charge expense against your Chapter's accounts or grants. If you are using State Council funds, the State Chair should sign.)

Date	Amount	Funding Source	Vendor (Who did you pay?)	Brief Description of What You Bought
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			
/ /	\$			

TOTAL: _____ *Please submit your expenses at least once each quarter. Also, please use a separate line for each expense.*

Funding Source:
(This tells the office which account to charge the expense to. These guidelines will help you figure out what to fill in for this column.)

Regular Chapter Fund: Just fill in your Chapter's name or abbreviation.

NPS Challenge Cost Share Funds: Use the code for your project. If you do not know that number, use your project title or a short description.

State Council Funds: Use NY, PA, OH, MI, GL, WI, MN, ND

NCTA Field Grants: Use the code for your project. If you do not know that number, use your project title or a short description.

Other Grants or Funding Sources: Give a description of the source so we know what account to charge the expense to.