



Board of Directors & Shareholders EXPENSE REPORT FORM

Name: _____ Committee/Title: _____

Phone: _____ EIN/SS# (last 4): _____

Submission Date: _____ Report Period or Event Start: _____ End Date: _____

Date of Expense	Vendor/Payee	Description	\$ Amount	QBGL CODE (office use only)
		Transportation		
		Airfare		
	Per Diem - \$69 per day	Number of Days		
Total Reimbursement Amount:			\$	

- 1. Transportation/Airfare to meeting:** Provide receipts; most economical travel option is required for reimbursement. Reimbursement for transportation will be provided to/from the airport and to/from The Palms Resort only.
- 2. Hotel:** The hotel cost for approved room nights will be paid for automatically by IICRC. All additional room and incidental costs are the responsibility of the guests.
- 3. Any expense submitted after 21 days will not be eligible for reimbursement unless approved by the Treasurer.**

Reimbursement check to be made payable to: _____

Mailing Address: _____ Signature: _____

Submission Instructions

Electronic: Scan/email completed signed Form with receipts to: accounting@iicrcnet.org

US Mail: Send completed/signed Form with receipts to:
IICRC Accounts Payable, 4043 S Eastern Avenue, Las Vegas, NV 89119

<p>Approved by: (Chair/President/Treasurer/Committee or Division Chair): _____</p> <p>Approval Signature: _____</p> <p>Request is within budget <input type="checkbox"/> Request is not in budget <input type="checkbox"/></p>
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