

**Chicago Computer Society
PO BOX 66089
Chicago Il. 60666-0089**

EXPENSE REIMBURSEMENT REPORT

Chapter or SIG Name: _____

Meeting Date: _____

Meeting Time: _____

Reimburse To: _____

<u>Type of Expense</u>	<u>Description</u>	<u>Amount</u>
Supplies	_____	\$ _____
Postage	_____	\$ _____
Photo Copies	_____	\$ _____
Other	_____	\$ _____
	_____	\$ _____

Total Reimbursement: \$ _____

Submit all receipts to address shown above within 60 days of expenditure.