

Professional Photographers Guild of Houston

Expense Reimbursement Form

Name _____

Address _____

City, State, Zip _____

Phone _____

Expenses: (Please itemize)

C.O.A. #

1. _____ Amount \$ _____

2. _____ Amount \$ _____

3. _____ Amount \$ _____

4. _____ Amount \$ _____

5. _____ Amount \$ _____

6. _____ Amount \$ _____

7. _____ Amount \$ _____

8. _____ Amount \$ _____

9. _____ Amount \$ _____

10. _____ Amount \$ _____

Total \$ _____

Signature _____

A receipt for all expenses listed above **MUST** be attached to the form. Be specific regarding your descriptions of the expense in order to assist in it being charged against the proper area of expenses.

Checks are normally written one (1) week before the regular general meeting and the day following the general meeting.

PPGH Treasurer