Johnson County Radio Amateurs Club, Inc.

PO Box 93
Mission, KS 66201-0093

Expense Reimbursement Request

Payee Name

Expense Period Start Date

Payee Address

City *State* *Zip*

Expense Period End Date

Payee Signature *Date*

Business Purpose for Expenses

Expense Date	Expense Description	Qty	Price	Shipping Handling Taxes	Amount
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				Total Amount:	$ 0.00

Office Use Only

Received by:

Reimbursement Approved: ☐ Yes ☐ No

Name

Signature *Date*