



**EXPENSE SHEET**

**OHIO STATE COUNCIL**

To receive reimbursement for your expense, please attach your register receipts, invoice or other receipts. Write a description of the expense in the space provided below.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Date _____	Total _____

Issue reimbursement check to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL REIMBURSEMENT REQUEST TO OHIO STATE COUNCIL TREASURER**