



Riva Margolies
857 Wauwinet Rd.
Barre, MA 01005

EXPENSE REIMBURSEMENT REPORT

**PLEASE COMPLETE, ATTACH ORIGINAL ITEMIZED RECEIPTS FOR ALL
EXPENSES, AND SUBMIT TO THE ADDRESS ABOVE**

Postage: \$ _____
Telephone: \$ _____ (enclose copy of phone bill)
Office Supplies: \$ _____
Printing: \$ _____
Subtotal \$ _____

Other Expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Other expenses total: \$ _____

TOTAL EXPENSES \$ _____

Submitted by _____

Address _____

City/State/ZIP _____

Office _____ Committee _____

General Ledger account _____ Class/Dept./Event _____

Date submitted _____

For Treasurer's Use Only–Date Paid: _____ Check # _____