



Arnold Jacobson  
266 Landham Rd.  
Sudbury, MA 01776

**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 # \_\_\_\_\_**