

## ABATE OF OHIO, INC.

# EXPENSE REIMBURSEMENT REQUEST

### **Characteristics:**

1. Category: Finance.
2. Established by: Constitution Article VII: Duties of Officers; Section 1: Duties of all Officers of ABATE.
3. Purpose: To detail and document expenses and request reimbursement.
4. Audience: Any person requesting reimbursement.
5. Required? Yes.
6. PDF Format: [Click Here to Download](#).  
Excel Format: [Click Here to Download](#).

### **Directions:**

1. Region – indicate region number, if applicable.
2. County – indicate county name, if applicable.
3. Requestor – name of person requesting the expense. Include address if the check should be mailed.
4. Purpose of Reimbursement – short description of who, what, why, where, etc. Include event name and date, if applicable.
5. Receipt ID – unique identification for the attached receipt. Label the corresponding receipt.
6. Expense Item Description – provide enough description to properly classify the expense.

7. Merchant Name, City, State – name and location of merchant issuing receipt.
8. Date – of purchase in mm/dd/yy format.
9. Amount – of expense being claimed for reimbursement.
10. Requestor Signature – signature of requesting person.
11. Date –of signature in mm/dd/yy format.
12. Treasurer Signature – of appropriate level treasurer.
13. Check Number – check number from appropriate level checking account.
14. Date – of signature in mm/dd/yy.

### **Special Cases:**

1. If requestor is a treasurer, appropriate level director may sign.
2. Treasurer may disqualify any expense and amend total.

### **Handling:**

1. Send to: appropriate level treasurer. Attach all detailed receipts.
2. Deadline: Fiscal year end.