

HMB AREA ASSOCIATION EXPENSE REPORT CONVENTIONS, FORUMS, INFORMATIONAL WORKSHOPS

NAME _____

ADDRESS _____

SERVICE POSITION _____

EVENT _____ DATE _____

REGISTRATION FEE: _____

LODGING (receipted): _____

MILEAGE (from-to): _____

TOLLS & PARKING (receipted): _____

OTHER (receipted): _____

TOTAL EXPENSES: _____

For prompt reimbursement submit form with all supporting receipts within 30 days of event via:

Email to:
treasurer@aahmbny.org
(preferred method)

OR

“Snail” mail to:
Treasurer, HMB Area Association
Ship & Copy
118 Polar Plaza #114
Amsterdam, NY 12010