

A.B.A.T.E. of Oregon
 2532 Santiam Hwy SE, #311
 Albany OR 97322

Expense Report Form

Requested By:		Date:	
Payable to:			
Address:			
City, ST, Zip:			
Telephone:			
ATTACH ALL RECEIPTS SO PAYMENT CAN BE MADE.			
TYPE OF EXPENSE	REASON FOR EXPENSE	EVENT IF APPLICABLE	\$ AMOUNT
Operating Expenses:			
a. Postage			
b. Printing Costs			
c. Telephone/Fax			
d. Internet Costs			
2. Travel Expenses:			
a.			
b.			
c.			
d.			
3. Fund Raising Expenses:			
a.			
b.			
c.			
d.			
4. Other Expenses:			
a.			
b.			
c.			
d.			
PORTION PAID BY CHAPTER			
		Total Requested:	-
Signature of Requester:		Second Signature:	
Office Held:		Exec Office Held:	

Revised: March 1, 2022