FORM: EXPENSE REIMBURSEMENT ALLOWANCE REQUEST

Legislative Year _____

Name _____ Representative or Senator
(Please Print or Type) (Circle One)

District_____

Lodging…… $ _____

Meals…… $ _____

Equipment…… $ _____

Personal Services…… $ _____

Postage…… $ _____

Printing and Publications…… $ _____

Rents…… $ _____

Supplies and Software…… $ _____

Telecommunications…… $ _____

Transportation…… $ _____

Utilities…… $ _____

Out-of-State Transportation (per policy of House or Senate)…… $ _____

Reasonable Expenses (per policy of House or Senate) …… $ _____

Total Reimbursement Requested $ _____

EXPENSES PAID WITH CAMPAIGN CONTRIBUTIONS CANNOT BE REIMBURSED FROM THIS ACCOUNT

I hereby affirm that the information in this voucher and the supporting documentation is true and correct and that such expenses were incurred and paid by me in the performance of my duties as a member of the General Assembly.

_____ _____
Member Name (Printed) District #

_____ _____
Member Signature Date