



**EXPENSE REPORTING FORM**

*\*Please attach original receipts for claimed expenses*

Component: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Function/Purpose: \_\_\_\_\_  
Location: \_\_\_\_\_

Supplies \$ \_\_\_\_\_  
Stipend \$ \_\_\_\_\_  
Registration \$ \_\_\_\_\_  
Postage \$ \_\_\_\_\_  
Printing/Copying \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_  
Transportation  
Airfare \$ \_\_\_\_\_  
Car expense \$ \_\_\_\_\_  
Mileage \$ \_\_\_\_\_  
( \_\_\_\_\_ miles @ \$0.40 per mile)  
Tolls \$ \_\_\_\_\_  
Parking \$ \_\_\_\_\_  
Public Transportation \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email or mail to:**

**For State or Conference business:**  
Julie Cady, RDH  
156 Reardon Road  
N. Grosvenordale, CT 06255  
[Treasurer@Massdha.org](mailto:Treasurer@Massdha.org)  
Ph: (860) 617-8303

**For Component business:**  
Ashley LaVallee, RDH  
900 Wachusett Street  
Holden, MA 01520  
[AssistantTreasurer@Massdha.org](mailto:AssistantTreasurer@Massdha.org)  
Ph: (508) 405-6307

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For office use only

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Initials \_\_\_\_\_