



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
Ph: (860) 617-8303

For Component business:
Holly Arcadipane
70 Elsie St.
Everett, MA 02149
AssistantTreasurer@Massdha.org
Ph: (617) 763-9220

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For office use only

Date: _____

Check # _____

Initials _____