



### Expense Submittal Form

Member Information			
Name		Area	
Position		Member #	
Address		Phone #	
City		NOTE: Reimbursement for travel will be paid only from submitted gas receipts. No Mileage will be paid out of ADA funds.	
Postal Code			
Date	Description	Amount	Total
<b>Sub Total</b>			
<b>Subtract Advances</b>			
<b>TOTAL</b>			

Signature \_\_\_\_\_

Office Use Only		Comments
Advance Requested		
Advance Check No.		
Amount Advance Held in Excess		
Amount Advanced in Excess, Repayment Enclosed		
Expenses Exceeding Advance, Payment Requested		
Payment Check No.		

This form can be filled in electronically. Complete all sections, including Amount and Subtract Advances. Total will automatically calculate. Print form and sign prior to sending to ADA Treasurer.