

Dayton Section Reimbursement Form

Name: _____

Address: _____

Phone: _____

Event Date: _____

Event coordinator approving reimbursement: _____

Event Category	
<input type="checkbox"/> (34) Dinners & Luncheons	<input type="checkbox"/> (52) Postage
<input type="checkbox"/> (35) ASCE Conferences	<input type="checkbox"/> (54) Newsletter & Printing
<input type="checkbox"/> (36) Educational Courses	<input type="checkbox"/> (59) Younger Member Group
<input type="checkbox"/> (40) Miscellaneous	<input type="checkbox"/> (60) Student Activities
<input type="checkbox"/> (49) Contributions, Gifts, Grants	<input type="checkbox"/> (65) ASCE Council
<input type="checkbox"/> (51) Stationary/Office Supplies	

Event Description: _____

Item	Amount (Attach Original Receipt)

Total: _____

Signature: _____ Date: _____

Be sure to submit original receipt with reimbursement form.

Submit form to: Mike Zink
 Treasurer, ASCE Dayton Section
 3600 Shroyer Road
 Kettering, OH 45429