

## New Mexico Kachina Chapter Request for Reimbursement

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Itemized Expenses:

Category/Event	Expense Description (please include date)	Amount
	Total	

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Instructions: Please identify the event/category of each item. If itemizing for more than one event/category, please group the related items. Attach bills/receipts/invoices to this signed voucher and forward to the chapter treasurer (address below). If a receipt is not attached for one or more of the itemized expenses, explain below.

<p> </p>	<p>Submit form and supporting documents to:</p> <p>Society for Technical Communication          New Mexico Kachina Chapter          Attn: Treasurer          P.O Box 25291          Albuquerque, NM 87125-5291</p> <p>Treasurer contact information:          konniewandrews@comcast.net          505.797.7683 (phone)          505.822.1992 (fax)</p>
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Treasurer's use only:    Date Paid: \_\_\_\_\_    Check #: \_\_\_\_\_    Amount: \_\_\_\_\_