

**District 1 Athletic Trainers' Association
EXPENSE FORM**

Name (print): _____ Title/Position: _____ Event: _____

A receipt, dated within 1 month of the event, is necessary for reimbursement, no monies will be distributed without a receipt

	DATES							TOTAL
AIR TRAVEL								
RENTAL CAR								
GAS or MILEAGE (50.5/mile) Enter number of miles								
Total								
GROUND TRANS.								
TOLLS								
PARKING								
HOTEL (room & tax)								
MEALS								
TIPS								
TELEPHONE								
REGISTRATION								
HONORARIUM								
POSTAGE								
COPYING								
OTHER: _____								
TOTAL EXPENSES								

I hereby swear and certify that the expenses listed above are appropriate and related to District 1 business: (Signature) _____

I would like to donate to the District 1 Scholarship/Research Fund: _____

I would like to donate to the NATA PAC : _____

Balance Due: _____

If cash reimbursement

SEND CHECK TO: _____

District 1 Office Use Only

Date Received: _____

Total Authorized amount to be reimbursed : _____ Date of District1 Check: _____ Check Number _____

If authorize amount < requested amount, why : _____

District 1 Treasurer Signature: _____

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