



IDHA Component Reimbursement Request Form

Name	Date Submitted	Address (check to be mailed)	Signature
Component		Position Held in Component	Event

Line Item DATE	Printing/ Copying	Postage	Supplies/ Materials Paper, Copies, Etc. (Please itemize in left column)	Telephone	Other Expenses (Please itemize in left column)	Row Total	Column Total
1.	\$	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$	\$
						Total for Reimbursement	\$

- Complete this form and return to:
IDHA Treasurer
Paula Russell
824 Foxwood Drive
Lafayette, IN 47905
russell-p@comcast.net
- Attach all receipts to the back of this form or as an attachment with an email. Be sure to include an explanation of purpose and identify the Event (above).
- Telephone bills must have the call(s) highlighted and list the purpose of the call(s).
- Expenditures beyond the budgeted amount are *not* reimbursed unless pre-approved by the Board.
- Fiscal year is December 1 to November 30. For accounting purposes, **all expenses must be turned in to the Treasurer by November 30, NO LATER.**

For Treasurer's Use Only

Treasurer's Initials	Date Reimbursed	Check Amount	Check Number