

**THE AMERICAN ALLIANCE OF PARALEGALS, INC.
EXPENSE REPORT/REQUEST FOR PAYMENT/REIMBURSEMENT**

Check payable to: _____

Committee charged for expense: _____

Expense incurred for: (check all that apply. Give amount for each and ATTACH RECEIPTS)

_____ Advertising \$ _____

_____ Board Meeting: From: _____ To: _____

Hotel: \$ _____

Airplane Tickets: \$ _____

Taxi/Shuttle: \$ _____

Car Rental: \$ _____

Meals: \$ _____

Tips: \$ _____

Parking: \$ _____

Mileage: \$ _____

[_____ mi. each way

x \$0.545 (2018)]

Total Board Meeting Expense \$ _____

_____ Photocopies (_____ x _____) \$ _____

_____ Postage \$ _____

_____ Printing \$ _____

_____ Stationary \$ _____

_____ Other (Please describe): _____
_____ \$ _____

TOTAL DUE TO OFFICER/BOARD MEMBER: \$ _____

SEND RETURN PAYMENT TO (name and address required):

Name: _____

AAPI Position: _____

Mailing Address: _____

Signature: _____ Date: _____

Print Name: _____

RETURN TO:

Diana Gruber

P.O. Box 976

Seligman, AZ 85385

DJGRUBER1@OUTLOOK.COM

Rev. 10/2018

FOR TREASURER'S USE ONLY

Check No.: _____

Date Paid: _____

Amount Paid: _____

Other: _____