

HOSPITAL AUXILIARIES OF KANSAS

NAME _____ TITLE _____

EXPENSE RECORD FROM		20				THROUGH				20			SAL & TOTAL	
OFFICE HELD	TRAVEL	LODGING	POSTAGE	PHONE	SUPPLIES	PRINTING	ROSTER	MISC.	AUXILIARY	DISTRICT MTG	STATE CONVENT.	CAHHS MTGS.	OF ALL COLUMNS	
PRESIDENT														
PRESIDENT ELECT														
VICE PRESIDENT														
R. SECRETARY														
C. SECRETARY														
TREASURER														
DIST. COORDINATOR														
EDITOR/AUXILIARY														
COUNSELOR														
HISTORIAN														
LEG. CHAIRPERSON														
CONV. CHAIRPERSON														
CO. CHAIRPERSON														
PARLIAMENTARIAN														
NOMINATING														
COLUMN TOTALS														

Reminder: We are allowed \$55.00 for our lodging with copy of bill

PLEASE ADD ALL COLUMNS DOWN AND ACROSS

HILEAGE REPORT	FROM	TO	TO	TOTAL	Transfer this amount to the proper column								
PURPOSE					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							
					X .50	\$							

SIGNATURE _____ **TOTAL AMOUNT REQUESTED** \$ _____

AUTHORIZED FOR PAYMENT BY: _____ PRESIDENT DATE: _____ THIS ACCT. HAS BEEN EXAMINED AND VERIFIED

TOTAL Amount Paid _____ Date Paid _____ Check No. _____ Comments _____