

PENS Expense Report

NAME: _____ Staple receipts to this form.

Address: _____

(Please include a self-addressed envelope)

Budget Line / Committee	Description of Expense	Date(s) Incurred	Amount\$	PENS
<i>Example: Trvl / Membership</i>	<i>MidYear Mtg</i>	<i>9 /22 until 9 /26</i>	<i>\$99.99</i>	Visa(X)
		/ until /	\$	
		/ until /	\$	
		/ until /	\$	
		/ until /	\$	
		/ until /	\$	
		/ until /	\$	
		/ until /	\$	
			Total	\$
Signature: _____			Subtract	
Date Submitted: / /			PENS VISA charges	\$
			Requested Reimbursement	\$

Submit w/ receipts to: Kathy Rossiter, PENS Treasurer
 631 N 147th Avenue
 Omaha, NE 68154
 Phone: (402) 963-9179

or PENS Treasurer
 PO Box 2933
 Gaithersburg, MD 20886-2933
 FAX: (402) 963-9191