

Affiliates Conference 2012

Expense Report for Reimbursement

Please return this completed form
with all original receipts to:
Friends of the Library of Hawai'i
690 Pohukaina Street
Honolulu, Hawai'i 96813

Name:	
Title:	
Address:	
Affiliate Name:	
Date Submitted:	

Date	Expense Type	Company	Location	Cost	Notes

Please include original copies of all receipts.

Total Due: _____ \$

Your Signature:	Approved (FLH Signature):
Date:	Date: