

# 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

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Affiliate Name:</b>	
<b>Date Submitted:</b>	

Date	Expense Type	Company	Location	Cost	Notes

Please include original copies of all receipts.

**Total Due:**

**Your Signature:**

Date:

**Approved (FLH Signature):**

Date: