

A.B.A.T.E. of Oregon  
2532 Santiam Hwy SE, #311  
Albany OR 97322

### Expense Report Form

<b>Requested By:</b>		<b>Date:</b>	
<b>Payable to:</b>			
Address:			
City, ST, Zip:			
Telephone:			
<b>ATTACH ALL RECEIPTS SO PAYMENT CAN BE MADE.</b>			
<b>TYPE OF EXPENSE</b>	<b>REASON FOR EXPENSE</b>	<b>EVENT IF APPLICABLE</b>	<b>\$ AMOUNT</b>
Operating Expenses:			
a. Postage			
b. Printing Costs			
c. Telephone/Fax			
d. Internet Costs			
2. Travel Expenses:			
a.			
b.			
c.			
d.			
3. Fund Raising Expenses:			
a.			
b.			
c.			
d.			
4. Other Expenses:			
a.			
b.			
c.			
d.			
	<b>PORTION PAID BY CHAPTER</b>		
		<b>Total Requested:</b>	-
<b>Signature of Requester:</b>		<b>Second Signature:</b>	
<b>Office Held:</b>		<b>Exec Office Held:</b>	

Revised: March 1, 2022