



## THE KIWI CLUB NATIONAL OFFICER EXPENSE ALLOCATION REPORT FORM

Name: \_\_\_\_\_ Officer Position: \_\_\_\_\_ Support Staff: \_\_\_\_\_

Mail Reimbursement to: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Expense Period (Date From): \_\_\_\_\_ (Date To): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Charge Expenses To:	Operational Fund	Board Meeting	Convention Year: _____	Totals	<p style="color: red; margin: 0;"><b><u>Please Include ALL Receipts</u></b></p> <p style="margin: 0;"><b><u>Mail Originals to:</u></b></p> <p style="margin: 0;"><b>KIWI NATIONAL TREASURER</b></p>
Computer Expenses					
Recruitment					
Postage					
Office Supplies					
Office Supplies					
Printing/Copying					
Postage/Shipping					
Travel					
Airfare					
Hotel					
Registration					
Per Diem					
Baggage Fee					
Shuttle/Parking					
Miscellaneous (Gifts, Flowers, Etc.)					
<b>Grand Totals</b>					

**PLEASE INCLUDE ALL RECEIPTS**

Approved: \_\_\_\_\_, National President: \_\_\_\_\_ Date: \_\_\_\_\_

Paid by Treasurer: \_\_\_\_\_, National Treasurer Date: \_\_\_\_\_ Check # \_\_\_\_\_