



**EASTERN DIVISION  
GENESEE VALLEY REGION**

Brantling  
Bristol  
Nordic  
Hunt Hollow  
Powder Mills  
Swain  
North Hampton

OR

SUBMISSION OF INCOME  
OR  
EXPENSE REIMBURSEMENT

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

Program Name: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Reimbursement Payable To: \_\_\_\_\_

*Where to mail check*

Mailing Address: Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**INCOME:**

Program Fees: \$ \_\_\_\_\_  
 Fund Raising Income \$ \_\_\_\_\_  
 Sale of Equipment \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ (Describe) \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ (Describe) \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total Income** \$ \_\_\_\_\_

**EXPENSES:**

Registration Expenses: \$ \_\_\_\_\_  
 Fund Raising Expenses: \$ \_\_\_\_\_  
 Travel: # of miles x .031 \$ \_\_\_\_\_ miles \_\_\_\_\_  
 Postage: \$ \_\_\_\_\_  
 Telephone: \$ \_\_\_\_\_  
 Program Expenses: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ (Describe) \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ (Describe) \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total Expense** \$ \_\_\_\_\_

**ALL REQUESTS FOR EXPENSE REIMBURSEMENT MUST INCLUDE RECEIPTS**

**PLEASE SUBMIT A FORM FOR EACH CHECK TO BE ISSUED**

**MAIL THIS FORM TO:** Dennis Whitney  
 10 Crossbow Drive  
 Penfield, NY 14526  
 email: d\_e\_whitney@yahoo.com

You may want to send an e-mail as well so that I'm on the lookout for it.



