



OR

**EASTERN DIVISION  
GENESEE VALLEY REGION**

SUBMISSION OF INCOME  
OR  
EXPENSE REIMBURSEMENT

Brantling  
Bristol  
Nordic  
Hunt Hollow  
Powder Mills  
Swain

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) _____
	\$	_____
<b>Total Income</b>	<b>\$</b>	_____

**EXPENSES:**

Registration Expenses:	\$	_____
Fund Raising Expenses:	\$	_____
Travel: # of miles x.014	\$	_____ miles _____
Postage:	\$	_____
Telephone:	\$	_____
Program Expenses:	\$	_____
Other:	\$	_____ (Describe) _____
Other:	\$	_____ (Describe) _____
	\$	_____
<b>Total Expense</b>	<b>\$</b>	_____

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

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

MAIL THIS FORM TO: Cathy Bentzoni  
6055 Bartholomew Drive  
Honeoye, NY 14471