



North Carolina Association of Educational Office Professionals, Inc.

ANNUAL CONFERENCE EXPENSE FORM

(Please print or type all information)

INVOICES AND/OR ORIGINAL RECEIPTS must be attached. Complete a separate form for each vendor/person for whom a check is to be written. All invoices for must be submitted prior to **April 1**.

MAKE CHECK PAYABLE TO: _____

REMIT TO
Name & Address: _____

Total Amount Requested: \$ _____ DATE: _____

REQUESTED BY: *(Signature)* _____

POSITION: _____

FUNCTION: _____

DESCRIPTION OF EXPENSE(S):
(please be specific) _____

MAIL TO CONFERENCE CHAIR: Linda W. Mathis, 109 Galloway Drive, Garner, NC 27529

APPROVAL

Conference Chair: _____ Date: _____

State President: _____ Date: _____

Finance Officer: _____ Date: _____

Amount Paid: _____ Check #: _____