

I. PDC EXPENSE SHEET

Name: _____

Workshop: _____

Date of Workshop: _____

Location: _____

Please fill in all applicable expenses.

Registration _____

Materials and Supplies _____

Mileage _____

Meals _____

Lodging _____

Total to be reimbursed _____

Please attach receipts to this form. No reimbursement will be made without receipts.
Reimbursement Check will be available the Friday after Monthly Board Meeting.
[Request for reimbursement should be turned into Building Representative by the 25th of month or last day in session]