

**Justina Lowry Professional Auxiliary
Expense Reimbursement Form**

Payee Name for check: _____

Mailing address and instructions(if any) _____

EXPENSES	Account	Amount
Program Service Expense		
Health Humor & Happiness	5230-30	
Orangewood	5250-40	
Orangewood Thanksgiving Dinner	5250-30	
Operation School Bell	5260-60	
Family Christmas gifts	5280-10	
UCI-Handle with care	5291-10	
Operation Hug	5292-10	
Fundraising Expense		
Fundraising expenses	5160-10	
Fundraising exp - direct benefit to attendee	4460-50	
Membership expenses		
Dues to chapter/NAL	5700-25	
Meeting Dinner costs	5700-35	
Restaurant dinner costs	5700-31	
Hospitality	5700-35	
Invitational tea	5700-36	
Installation Expenses	5700-30	
New Member Installation	5700-41	
New Member Training Supplies	5700-40	
Goodwill Ambassador	5700-90	
Management & general expenses		
Medallions-JLA Assisteens	5800-20	
Education/NAL meetings/circle	5800-29	
Office Supplies	5800-60	
Chairman's Expense/PR	5800-75	
Newsletter	5800-78	
Misc	5800-90	

Total Requested _____

Please attach receipts or invoices

Purpose of Purchase: _____

Requestor: _____	Check No	
Date: _____	Date Paid	