International Police Association - US Section

Expense Report

Report Date

Name	
Address	
City, State, Zip	

Date	Description/Purpose	Postage	Phone	Office Etc.	Other	Amount
	Category Totals					

Total Due

Date	NEC/NDC Expense	
	Transportation	
	Lodging	
	Other (Explain in comments)	

Note: Receipts must be provided for reimbursement.

Comments if needed

Requestor's Signature	**Date**
Approved by	**Date**
Paid by	**Check #**

Kevin Gordon, US Treasurer

FORM IPA-04 Print Version