

# IN OUR CIRCLE

## Expense Reimbursement Form

SUBMIT TO:

1. Fill out this form **COMPLETELY**. **Be specific**.  
Use the back if you need more space.
2. Attach **ORIGINAL RECEIPTS** to this form.
3. Submit this form within **30 DAYS**, with receipts attached.

IN Our Circle  
c/o Jana Lovick  
7161 Eagle Road  
Indianapolis, IN 46278

Your Name		Today's Date	
Address		Date Of Event	
City		Type Of Event	
State, Zip		Your E-Mail	
Daytime Phone		Evening Phone	

EVENT/ACTIVITY	EXACT ITEM	AMOUNT
<b>HONORING CEREMONY</b>		
Copies		
Food		
Postage		
Supplies		
Facility Rent		
<b>EMPOWERMENT CIRCLES</b>		
Printing		
Postage		
Telephone		
Training		
<b>MERCHANDISE</b>		
Shirts, etc. (state item and quantity)		
Postage		
Sales Tax Expense		
<b>NEWSLETTER</b>		
Postage		
Printing		
<b>MARKETING</b>		
Local Marketing		
Postage		
Printing/Materials		
Telephone		
<b>COMMUNITY AFFAIRS</b>		
Space Rental		
Copies, Supplies, Materials		
Postage		
Telephone		
<b>OTHER</b>		
<b>TOTAL REIMBURSEMENT</b>		