**CONNECTICUT BASS FEDERATION NATION, INC.**
**TRAVEL & EXPENSE REPORT**

**NAME:** _____ **DATE:** _____
Please Print
**ADDRESS:** _____ **PHONE:** _____

_____ **EMAIL:** _____

_____ _____

| DATE | EXPENSE DESCRIPTION | AMOUNT |
|---|---|---|
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| | | |
| | | |
| | | |

_____ **Subtotal** $0.00
Signature

**Less Advance** _____

**Total Amount To Be Reimbursed** $0.00

Mail to: Susan Weeks, Treasurer
CT BASS Federation Nation, Inc.
915 Saybrook Road
Haddam, CT 06438

QTS: Call - 860-345-8907
Email: skwmhanha@aol.com

NOTE: IN ORDER TO BE REIMBURSED FOR EXPENSES EACH LINE ITEM REQUIRES AN ATTACHED RECEIPT. EXPENSE REPORTS SHOULD BE SUBMITTED WITHIN ONE MONTH. THIS INCLUDES EXPENSES COVERED BY ADVANCES.

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Treasurer Use Only: Date Pd: _____ Check #: _____

Amount Pd: _____ Rec'd By: _____