



FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, INC.

For Month of _____ 20 _____

EXPENSE RECORD

State of Ohio – Attention: State Secretary

PERSONAL EXPENSES OF _____

TITLE _____

REASON EXPENSE INCURRED _____

Date:

(Lodge Visitation Sheets *must* be attached to verify district mileage)

_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____
_____	From _____	To _____	Miles _____

Total Miles _____ @ _____ per mile ... \$ _____

(Attach All Receipts)

- POSTAGE - _____
- TELEPHONE - _____
- HOTELS - _____
- MEALS - _____
- MISCELLANEOUS EXPENSES - _____

GRAND TOTAL - \$ _____

VOUCHER NO. _____

DATE ISSUED _____

Fraternally yours,

(Signature)

**NOTE: Please submit 3 copies of expenses on last day of each month.
Expenses submitted after 90 days will not be honored.**