

_____ Chapter of the
American Association of Legal Nurse Consultants

EXPENSE REIMBURSEMENT FORM

Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Committee or Project: _____

Expense Items:

Telephone \$ _____

Postage \$ _____

Photocopies \$ _____

\$ _____

Other Expenses (explain)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

PLEASE ATTACH ORIGINAL RECEIPTS. KEEP A COPY OF RECEIPTS FOR YOUR RECORDS. SUBMIT FORM WITH RECEIPTS ATTACHED.

BUDGET PROPOSAL

ESTIMATED REVENUE

SAMPLE FORM

Committee: _____

Advertising	_____
Donations	_____
Educational Programs	_____
Registration	_____
Special Events	_____
Sponsors	_____
Exhibitors	_____
Interest Income:	
Checking	_____
Money Market	_____
Mailing List Sales	_____
Membership Dues:	
Active - New	_____
Active - Renewal	_____
Sustaining - New	_____
Sustaining - Renewal	_____
Merchandise Sales	_____
Refunds (subtract)	_____
TOTAL PROPOSED INCOME	_____

BUDGET PROPOSAL

ESTIMATED EXPENDITURES

SAMPLE FORM – continued

Committee: _____

Postal

Post Office Box (per year) _____
Postage (bulk) _____
Postage (first class) _____
Other _____
SUBTOTAL \$ _____

Telephone

Long Distance _____
Local _____
Other _____
SUBTOTAL \$ _____

Printing

Brochures _____
Stationery _____
Envelopes _____
Mailing Labels _____
Miscellaneous _____
Other _____
SUBTOTAL \$ _____

Office Services

Photocopying _____
FAX _____
UPS/FedEx _____
Other _____
SUBTOTAL \$ _____

Outside Support Services

Secretarial _____
Word processing/Computer _____
Accounting _____
Consultants _____
Facilities _____
Audio/visual equipment _____
SUBTOTAL \$ _____

Merchandise/Supplies

Special events items _____
Organization products/merchandise _____
Miscellaneous _____
SUBTOTAL \$ _____

Other

Advertising _____
Bank charges _____
Entertainment _____
Exhibitors _____
Hotel/Food _____
Per Diem _____
Photocopy _____
Rentals _____
Speakers _____
Accommodations _____
Honoraria _____
Miscellaneous _____
Travel _____
Special events _____
Travel _____
SUBTOTAL \$ _____

Miscellaneous (please list)

_____ _____
_____ _____
SUBTOTAL \$ _____

TOTAL PROPOSED OPERATING EXPENSES \$ _____