

# ORGANIZATION DUES & PROFESSIONAL FEES

Expense Report Template

Employee Name:

Date Submitted:

Department / Cost Center:

Period Covered:

Job Title:

Manager Name:

DATE PAID	ORGANIZATION / ASSOCIATION NAME	MEMBERSHIP TYPE	COVERAGE PERIOD	BUSINESS PURPOSE / JUSTIFICATION	AMOUNT
<b>Total Reimbursement Claim:</b>					

Employee Signature

Date: \_\_\_\_\_

Authorized Approver Signature

Date: \_\_\_\_\_