EXPENSE REPORT & REIMBURSEMENT REQUEST FORM

Please use this form to report any expenses incurred on behalf of NBIC and to request reimbursement. All expenses must be approved by the President before they are incurred.

*** PLEASE ATTACH RECEIPTS FOR EACH ITEM ***

This form and supporting receipts may be mailed to NBIC, P.O. Box 481, New Brunswick, NJ 08903.

Please allow two weeks for reimbursement from date NBIC receives this form.

Date	Merchant/Payee Name	Description of Expense	Amount
	TOTAL EXPENSES:		**$ -**

Name: _____

Address: _____

Tel./ Email: _____

Signature: _____

Date: _____

FOR TREASURER'S/ PRESIDENT'S USE ONLY

Date Reimb. _____ **Check #:** _____