

A.B.A.T.E. of Oregon
 2532 Santiam Hwy SE, #311
 Albany OR 97322

Expense Report Form (request for reimbursement of Team Oregon Fee)

Requested By:		Date:	
Payable to:			
Address:			
City, ST, Zip:			
Telephone:			
ATTACH COPY OF TEAM OREGON RECEIPT, TEAM OREGON "GRADUATE" CARD (to prove completion).			
Requires signature of requester and verification from State Membership Secretary.			
TYPE OF EXPENSE	REASON FOR EXPENSE	EVENT IF APPLICABLE	\$ AMOUNT
4. Other Expenses:			
Membership Expense	Total Cost of Class	Training reimbursement	
b.			
	50% State Reimbursement Amount		\$
	If applicable, chapter reimbursement amount		\$
Signature of Requester:		Second Signature:	
		Membership Secretary	

Revised: March 1, 2022