

Ohio Plein Air Society: Expense Report

Submitted By: _____

Address: _____

Email (for possible questions): _____

Please attach all receipts to this form

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement \$ _____

Payable to: _____

Please mail this form to Diane Farr, OPAS Treasurer
95 Greentree Road, Chagrin Falls, OH 44022
(400) 247-9430

Check Issued: # _____ Date: _____