



Southeast Region

The Information Management Professionals

EXPENSE SUMMARY

Name:	
Title:	
Address:	

PURPOSE OF EXPENSE (S)

DATE	MEETINGS MEALS	SUPPLIES	POSTAGE	PRINTING	WEB MGT	OTHER **
SUBTOTAL						
					GRAND TOTAL	\$

Explanation of Expenses:	

I certify that this is a true statement of the expenditures I have incurred on behalf of that Southeast Region of ARMA International. Where applicable, any balance owed to the Southeast Region is attached.

Signature

Date

For Southeast Region Treasurer's use only:

- Balance Owed to Southeast Region \$ 0.00
 Balance owed has been received
 Payment approved in accordance with Southeast Region's Policies
 Check # _____ Cash _____ Other _____

Signature

Date