District 2 Expense Reimbursement Form

DATE	DESCRIPTION	AM
05/26/2025	Registration fee - DCM EXP	
10/14/2025	Hotel Fee - DCM EXP	
10/12/2025	Mileage - DCM EXP	
10/10/25	Meal - DCM EXP	
10/11/2025	Meal - DCM EXP	
10/12/2025	Meal - DCM EXP	
09/25/2025	Office Depot Copies - CFC EXP	

	TOTAL:
Date Paid:	
Check No.	
Paid To:	Cheryl Blake
Phone/Email	
Category:	

[OUNT PAID
15
217.46
142.8
25
8
17.59
21.32

447.17