



The Association of Teachers of Mathematics in Western Massachusetts
PO Box 139
Feeding Hills, Massachusetts 01030-0139

EXPENSE REPORT

Expenses from _____ to _____ 20__

Expense	Amount
Food & Beverage	
Printing	
Postage	
Stationary (paper, ink, envelopes, etc.)	
Other (please specify)	
TOTAL EXPENSES:	

Send reimbursement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

In order to receive reimbursement, this form must be completed its entirety. Please supply receipts whenever possible. A receipt must accompany any single item expense exceeding \$10.

Mail completed expense reports directly to:

**Treasurer
MATHWEST
PO Box 139
Feeding Hills, MA 01030-0139**