



Ohio Section

American Water Works Association

EXPENSE REIMBURSEMENT FORM

Mail to: OAWWA
17 S High St, Suite 200
Columbus, OH 43215

Or email to: oawwa@assnoffices.com

Date of Expense:

Expense Purpose: _____

Location: _____

Submitted by: _____

Signature: _____

Expenses

Printing, Folding, Collating, Etc \$

Bulk Mail Permit Renewal \$

Bulk Mail Application \$

Misc Postage \$

Misc Meals \$

Lodging \$

Travel \$

Other Expenses (please explain): _____

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

_____ \$

Total Reimbursement Requested: \$

Make Check Payable to:

Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Email: _____

Ohio Section AWWA Office Use Only

APV No: _____

Date Paid: _____