

NYDHA Expense Form



Checks are cut at the end of each month

Submit to: Laura Sleeper, NYDHA Treasurer, at NYDHA, P.O. Box 16041, Albany NY 12212
or e-mail to exdir@nydha.org

Pay to:	Date:
Address:	
Email:	Telephone:

Invoices or receipts must be attached.

Description of Expenses	Budget Line	Total Amount
	Total reimbursement	
Donation Back		
	Total Donation	

Signature: _____

Line Officer Signature: _____

Treasurer's Approval: _____

Check #: _____ Date Paid: _____

Please scan and insert receipts to this form for proper payment. Also keep a copy of this form for your records.