**Historical League, Inc.** 

**Bill Payments/Expense Reimbursement**

**DATE:**

**FUNCTION**

|  |  |  |
| --- | --- | --- |
| **Accounting:** **AZHC Grant:** **Event:** **Holiday** **Spring** **Recognition**  |  | **Historymakers Celebration:****Holiday Event:****Hospitality:** **Membership:** **Tour:** **Other:**  |

 **Comments:**

 **Your Name: Committee:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor Name** | **Item Description** | **Amount** | **Account****Number**  |
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|  |  |  |  |

**TOTAL:** *(Please attach all receipts – if no receipt, contact Treasurer prior to submitting)*

**Make reimbursement check payable to:**

**Name: Address:**

Submit to Treasurer: Nina Filippi • 7601 E. Indian Bend Rd., Unit 1035 • Scottsdale, AZ 85250
• mnf925@gmail.com • C: 602-885-5774