**Historical League, Inc.** A picture containing text

Description automatically generated

**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](mailto:mnf925@gmail.com) • C: 602-885-5774