



INSTRUCTIONS

1. Original receipts must be attached. Note the corresponding expense claim line number on the receipt.
2. All claimed expenses must correspond to an account or fund and those projects and budget categories which have been authorized by the USVEMG Board of Directors.
3. Ensure that your claim has project manager approval and finance approval (from an officer other than the treasurer) before it is presented for treasury approval.
4. If any item is kept for the USVEMG inventory, please note the quantity and location in the description.
5. Please exclude from the claim any portion of the expense which is kept for personal use.
6. Provide name, address, then sign and date accepting responsibility for the accuracy of the claim.

Name:

Mailing Address:

Expense Description / Payment Details	Project or Budget Category	Account or Fund	Amount Claimed
1			
2			
3			
4			
5			
6			
7			
8			

* For descriptions requiring more detail, please use the back of the form or attach a note. Include the corresponding expense claim line number on the note.

Total Claim:

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By signing below I confirm these claimed expenses have been authorized by a budget or project approved by the Board of Directors and I am entitled to a refund of the amount claimed which does not include cost of items kept for personal use.

Claim Submitted by

Date

USVEMG, P.O. Box 700, North Bend WA 98045-0700

REPORT POACHING AND GAME VIOLATIONS 1-877-933-9847

FOR OFFICIAL USE

Project Manager Approval: _____

Check Number:

Finance Officer Approval: _____

Check Amount:

Treasury Approval: _____

Date Delivered: