

**ANCIENT ORDER OF HIBERNIANS**  
**NEW YORK STATE BOARD EXPENSE REPORT**



**James J. Burke**  
*New York State Secretary*  
 26 Harbour Lane  
 Massapequa NY 11758-7330



OFFICERS NAME: _____ DATE: _____  ADDRESS: _____ TITLE: _____  CITY: _____ STATE: _____ ZIP CODE: _____	PAY PERIOD: _____ VOUCHER# _____  FROM: _____  TO: _____
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DATE	DESCRIPTION	MILEAGE	LODGING	MAILING	PHONE	OTHER	TOTAL

<b>SUB TOTAL</b>	
<b>SUBTRACT ADVANCES</b>	
<b>TOTAL</b>	

**APPROVED BY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**NOTES: CURRENT MILEAGE REIMBURSEMENT IS \$.35  
 ALL RECEIPTS MUST ACCOMPANY THIS EXPENSE REPORT**