

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



**Michael J. McNabb**  
*New York State Secretary*  
**9 Troop Avenue**  
**Auburn New York 13021-5007**



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 \$.30**  
**ALL RECEIPTS MUST ACCOMPANY THIS EXPENSE REPORT**