



Pennsylvania State Association of County Fairs

EXPENSE CLAIM

ZONE: _____

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

EVENT: _____ DATE: _____

(For Fair Visitation - List on Back of this sheet)

MEALS (Attach Slips) \$ _____

TELEPHONE (Attach Costs) \$ _____

LODGING (Attach Slips) \$ _____

POSTAGE (Attach Slips) \$ _____

AIRFARE (Attach Slips) \$ _____

_____ (Attach Slips) \$ _____

MILEAGE
_____ x \$.40 \$ _____

TOTAL \$ _____

FOR OFFICE USE ONLY

Date Paid _____

Check # _____

Amount _____

Acct _____

RETURN TO:

PSACF

128 Cumberland Road

Bedford, PA 15522