



OHCE Claim Form

1. Complete the form below. Attach all bills and receipts.
2. Sign and date on the appropriate line.
3. Send for approval to: *(Current State President)*
The State President will send this form to the OHCE State Treasurer for payment within budget.

Name of Claimant (Business or Person): _____

Address: _____

OHCE Office, Committee, etc. _____

Date	Nature of Expenses	Purpose of Activity	Amount
		TOTAL	\$

Attach all bills and receipts

Signature of person submitting claim _____ Date _____

Signature, OHCE State President _____ Date _____

Signature, OHCE State Treasurer _____ Date _____

Note: The President's signature authorizes the Treasurer to pay the above claim.