



# 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
		<b>TOTAL</b>	<b>\$</b>
<b>Attach all bills and receipts</b>			

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.