ILR Expense Reimbursement Form

Date of Expense	Description	Cost
	Total Claimed:	

Send check to:

Name: _____
Address: _____
_____
_____

_____ _____
Signature (required) date submitted

Please mail this completed form with receipts (*required*) for all expenses to:

ILR Treasurer
PO Box 1156
Orange, CT 06477