The Kentucky Society for Histotechnology

Expense Reimbursement Form

Date _____

Name/Payee _____

Street Address _____

City, State + zip code _____

Expenses
(Attach original receipts)

Expense Date	Description	$ Amount
	Subtotal	
	Less (Advanced Payment)	
	Total Reimbursement	

Check # _____

_____

KSH Treasurer Signature

Please submit form with original receipts to:

Marquisha Paul, KSH Treasurer
2529 Cashel Court • Lexington, KY 40509 • Tel.: (502) 803-6059
mpaul@alltech.com