



INDEPENDENT POOL AND SPA SERVICE ASSOCIATION, INC

REIMBURSEMENT OF EXPENSES

IPSSA FINANCIAL OFFICE
 P.O. BOX 1617
 ROCKLIN, CA 95677-7617
 888/391-6012 PHONE
 888/391-6203 FAX
 CLINT@CRAMERCPA.COM

Name _____
 Address _____
 City/State/Zip _____
 Period Covered _____

DATE	EVENT	TRANSPORTATION		HOTEL ROOM	MEALS		TIPS	MISC.		TOTALS
		DESCRIPTION	AMOUNT		FOOD	ENTERTAINMENT		DESCRIPTION	AMOUNT	
COLUMN TOTALS										

I certify that the above expenses were incurred on behalf of IPSSA.

SIGNATURE Original w/Receipts in Mail _____

DATE _____