



**AMERICAN GUILD OF ORGANISTS**  
 NATIONAL HEADQUARTERS AND THE AMERICAN ORGANIST MAGAZINE  
 475 RIVERSIDE DRIVE • SUITE 1260 • NEW YORK, NY 10115-1260  
 212-870-2310 • FAX 212-870-2163 • www.agohq.org

**DISTRICT CONVENER and REGIONAL COUNCILLOR EXPENSE REPORT**

**Officer Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Meetings attended: \_\_\_\_\_

Check to be made payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EXPENSES**

	Amount Reimbursed
Postage . . . . .	\$ _____
Secretarial Expenses . . . . .	\$ _____
Telephone . . . . .	\$ _____
Automobile Mileage: _____ miles @ 14¢ per mile . . . . .	\$ _____
Tolls . . . . .	\$ _____
Parking . . . . .	\$ _____
Other travel . . . . .	\$ _____
Overnight Accommodations . . . . .	\$ _____
Other Expenses (please itemize)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total:</b>	\$ _____

Signature \_\_\_\_\_  
 District Convener (if applicable)

Signature \_\_\_\_\_  
 (Regional Councillor)

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

**District Conveners should forward their reports to Headquarters through their Regional Councillors. Headquarters will then reimburse each District Convener and Regional Councillor. It is the responsibility of the Regional Councillor to see that all expenses stay within the Region's budget.**

**RECEIPTS MUST BE PROVIDED FOR ALL EXPENSES OVER \$10. SIGN & RETURN THIS FORM TO AGO HQ.**

FOR OFFICE USE ONLY

Approved: \_\_\_\_\_ Account Number: \* \_\_\_\_\_

Date: \_\_\_\_\_ Check No. and Date: \_\_\_\_\_