| NEOHUA Expense Form | | | | | Name: | | | | Information Only | | Date: |
|--|--------------|--------------------|--------------|--------------|---------|----------------|----------------|--------------|---------------------|-------------------------|------------------|
| Date/event | <u>Miles</u> | Amt.@\$.35/ Mile * | <u>Other</u> | <u>Meals</u> | Lodging | <u>Airfare</u> | <u>Parking</u> | Registration | Charge Card | Total | Comments |
| | | 0.00 | | | | | | | | 0.00 | |
| | | 0.00 | | | | | | | | 0.00 | |
| | | 0.00 | | | | | | | | 0.00 | |
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| | | 0.00 | | | | | | | | 0.00 | |
| | | 0.00 | | | | | | | | 0.00 | |
| Total | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | \$ - | 0.00 | |
| PLEASE NOTE REIMBURSEMENT REQUESTS MUST BE SENT WITHIN 60 DAYS OF EVENT! | | | | | | | | | | | Sheri@neohua.com |
| I certify that the above are true and accurate expenses incurred on behalf of NEOHUA | | | | | | | | | Submit Expenses to: | | |
| | | | | | | | | | | NEOHUA | |
| Signature | | | | | | | | | | 3053 Nationwide Parkway | |
| Please make check Payable to : | | | | | | | | | | Brunswick, OH 44212 | |
| | | Address: | | | | | | | | | |
| _ | | _ | | | | | | | | | 330-273-5756 |

Receipts are necessary for reimbursement. Provide explanation of expense in the comments area.

For Accounting use only:

| Account Number | Amount_ | Account Number | <u>Amount</u> |
|----------------|---------|----------------|---------------|
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