	NEBRASKA DENTAL ASSISTANTS ASSOCIATION EXPENSE REPORT FORM						
	Name	**Date**					
		PHONE	**POSTAGE**	**PRINTING**	**TRAVEL**	**OTHER**	**(Please explain)**
	President						
	Vice President/Registration						
	Recording Secretary						
	Treasurer/Audit						
	Newsletter						
	Student Involvement						
	Legislative/Interprofessional						
	Awards/Past Presidents Pin						
	Bylaws/Manual of Procedures						
	Nominating						
	Budget						
	Publicity						
	Historian						
	Membership						
	Speaker Honorariums						
	Local Arrangements/Social/Guest Expense						
	Installation						
	Credentials/House of Delegates						
	Programs						
	NDA-Speaker Expense						
	Properties						
	Treasurers Bond						
	Safety Deposit Box						
	Delegates						
	Gift for 8th District Trustee						
	Binding of Association Minutes						
	Donations						
	Membership Books						
	Contingency						
	TOTAL EXPENSES $						