LVCVA LOCAL EXPENSE REPORT

NAME: Rossi Ralenkotter
DIVISION: Executive

Date	Type	Place	Persons (Name & Title)	Business/Company Name	Reason/Nature of Discussion	Total
4/28/2008	Dinner	JR,s place	Dr and Mrs Jerry Schwartz	Schwartz and Associates	Finalize the plans for the National Jewish Hospital dinner and presentation	259.67
			Mrs Ralenkotter			

I certify that all expenses are business related.

TOTAL LOCAL EXPENSES	**259.67**		
Less personal expenses	**-**		
TOTAL DUE EMPLOYEE:	**259.67**		

Signature	6/27/2008 Date	*Exceptions Approved:*
Approval #1	Date	
Approval #2	Date	
Approval #3	Date	
Approval #4	Date	
President	6/27/08 Date	

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