

EXPENSE REPORT

(Complete a separate report for each vendor)

Submitted by: _____ Date: _____

Board Position: _____ Phone No.: _____

Receipt Attached: _____ Yes _____ No

Expense Description	Amount	Budgeted Item*	Budget to be Charged
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check Total:			

Make Check Payable To: _____

Mailing Address: _____

** All items **IN EXCESS OF** a Committee's "Annual Budget," must be voted on by the Chapter **BEFORE** the expense is incurred and a copy of the "Chapter Minutes" indicating Chapter approval must be attached to this report.*

Plaque

Date: _____

Committee Chair Signature

Print Name:

Committee:

TREASURER'S USE ONLY

Date Paid: _____

Check No.: _____

Treasurer's Signature: _____