



## Expense Account Report

Request Date: \_\_\_\_\_

Pay To: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

DATE	DESCRIPTION	AMOUNT	BUDGET ITEM/ACCOUNT
		TOTAL:\$	

COMMENTS:

Chair/Treasurer Authorization Signature: \_\_\_\_\_

President Authorization Signature (over \$500): \_\_\_\_\_

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ACCOUNTING DEPARTMENT

CHECK DATE: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_