

EXPENSE FORM

Date _____

Payable to _____

Address _____

Budgeted Line Item and Itemized Expenditure

Amount

Budgeted Line Item and Itemized Expenditure	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

Signature of Chairman

Signature of President or Treasurer

For Treasurer's use only

Check # _____ Date _____