

EXPENSE CLAIM

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Name:

- 1. Print out the form.
- 2. Fill out your name and address, and the expense table.
- 3. Sign and date the form.
- 4. Attach all receipts.
- 5. Mail the form to the Treasurer at the address above.

Address:		
Date	Description of Expenses	Amount
	Total:	
Signature	 Date	
Approved by:		