EXPENSE REPORT

DOWNLOAD

COMMITTEE/COMMISSION/TEAM/BODY NAME: _____

EMPLOYEE or VOLUNTEER NAME: _____

SUBMISSION DATE: _____

IS THIS FOR REIMBURSEMENT OR CREDIT CARD RECONCILIATION: _____

Date	Account	Description	Total
Total			

The space below is reserved for Giddings Lovejoy Office Use Only

Subtotal	
Receipts Accounted For	
Total	

APPROVED _____

_____