



EXPENSE RECORD

Committee: _____ Date submitted _____

Show Title: _____

Check requested?: Y N Payee: _____

Choose: _____ Return to Jr. Player's box Date needed _____

_____ Mail to: _____

Reported by: _____ Phone: _____

(If your invoice reflects more than one budget category, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts should be attached and sales tax will not be reimbursed)

<p>Notes</p> <p>Expense(s) within budget? _____</p> <p>Date Paid: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p> <p>Receipts attached? _____</p> <p>Date received by FM _____</p> <p>Date sent to CT _____</p>
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Remarks: _____

Attach receipt(s)