From: (Committee Chairperson) To: Treasurer, Bayside Lions Club Subj: (description of expense)		Bayside Lions Club Expense Document	
Subj: (description of expense)			Expense Document
1. Please issue a check in the amoun and charge the following indicated b		payable to	o:
Activities Expense Activities Supplies BLAND Contest Pack, Troop, & Crew 391 Boys & Girls Hearing & Speech Health & Welfare Food Baskets Fund Raising Expenses Peanut Sale Expense	Administrative Expense Admin Supplies District/Region Mtg. Meals International Supplies Entertainment Meals Flowers & Fruit Newsletter Other (Specify) Check mailing address (if applicable):		
☐ Broom Sale Expense ☐ Hearing Impaired Picnic ☐ Scholarship ☐ Sight Conservation ☐ Other (Specify)	Name: Address:	,	able) <u>:</u>
☐ Other (Specify)	City: _		ZIP:
	Check #:		Date Paid:
From: (Committee Chairperson) To: Treasurer, Bayside Lions Club Subj: (description of expense)			Bayside Lions Club Expense Document
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