Expense Report

Authorized By:

Name:	
Address	
Address	
Phone Number	
Purpose of Expense	

2
District 3 AFO

PO Box 16513 Jacksonville, FL 32245 www.members.jaxafg.org

Date

Amount Paid Check No.

Expense Date	Expense Description	Receipt Attached	Expense Amount	Comments:
		Total Expenses		
		Total Advance		
Signature:	Date:	Total Reimbursement		
]		Internal Hea Onto	
Authorized By:			Internal Use Only	