PERSONAL EXPENSE REPORT

Name: _____

Month / Year

Department: _____

Date	Supplier	Purpose of Expense	Name of Person(s) Entertained*	Total	Acct Code	Company Code

*Must be completed for any entertainment

** ALL receipts must be attached

This information is true and correct and all expenses were business related.

Board Member _____ Date:_____

Presidents Approval: _____ Date:_____

Treasurer Approval: _____ Date:_____