

St. Thomas Aquinas CCW

EXPENSE SHEET

Person Submitting: _____ Date: _____

Name: _____

Address: _____
(Street) (City) (Zip Code)

Position: _____

____ I would like to be reimbursed for the following items.

____ Issue check payable to:

(Name)

(Street Address)

(City) (State) (Zip Code)

LIST ITEMS:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
Total Amount:	\$ _____

(Appropriate receipts are attached – postage, travel tickets, telephone bill listing, sales slips, etc.)

Signature Person Submitting: _____

Approved by: Signature of _____ President: _____

Date Approved: _____

ALL FORMS MUST BE SENT TO THE PRESIDENT – NOT DIRECTLY TO THE TREASURER.

To be completed by Treasurer:	
Paid by check number	
Date check delivered to Submitter	
Treasurer Signature	