



Statement of Expenses

(PLEASE KEEP OF COPY OF THIS FORM AND YOUR RECEIPT(S) FOR YOUR RECORDS)

Please Print:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Note: Expense over \$250 requires President's approval prior to expenditure.

Table with 4 columns: Description of Expense, Event, Date Incurred, \$ Amount

_____ Reimbursement Requested – expense documentation attached

_____ Please Consider Above a Charitable Contribution to Kids In Distress*

*Please be aware that charitable contributions may be tax deductible to the extent allowed by law. It is the responsibility of the donor to assign a value and maintain documentation of the same.

Member Signature _____ President Signature _____ Treasurer Signature _____

Date _____ Date _____ Date _____

- ** President signature required before submitting form to Treasurer for reimbursement.
** All requests must be submitted within 14 days of expenditure
** No reimbursement without original receipt

** All reimbursements are made at the discretion of the President and Treasurer and are subject to review by the auditors and Joint Council of the Corporation.

For internal Use Only

Reimbursement Date: _____

Amount: _____

Check Number: _____