



EXPENSE REPORT FORM



TOP COPY & RECEIPT - TREASURER
2ND COPY - CHAIRMAN
BOTTOM COPY - SUBMITTER

Advertising	\$ _____	Insurance/Bonding	\$ _____
Audit	\$ _____	Interest Charges	\$ _____
Awards/Plaques	\$ _____	Labor	\$ _____
Bank Charges	\$ _____	Legal Fees	\$ _____
Beverages	\$ _____	Lodging	\$ _____
Booth Rental	\$ _____	Meals	\$ _____
Booth Set-up Fee	\$ _____	Merchandise	\$ _____
Capital Equipment	\$ _____	Merit Fees	\$ _____
Commission	\$ _____	Miscellaneous	\$ _____
Comp. Banquet Tickets	\$ _____	Old Business	\$ _____
Composition/Typesetting	\$ _____	Per Diem	\$ _____
Computer Programming	\$ _____	Postage/UPS/etc.	\$ _____
Contributions	\$ _____	Printing	\$ _____
Corporate Income Tax	\$ _____	Props	\$ _____
Decorations	\$ _____	Refunds	\$ _____
Dues	\$ _____	Repair/Maintenance	\$ _____
Entertainment	\$ _____	Signage	\$ _____
Equipment Rental	\$ _____	Snacks	\$ _____
Executive Director Salary	\$ _____	Speaker Fees	\$ _____
Facility Rental	\$ _____	Supplies	\$ _____
Gifts	\$ _____	Telephone	\$ _____
Imprinted Products	\$ _____	Travel	\$ _____
		Web Fees	\$ _____

Use this area to break down expenses. (e.g. 50 - 120 minute phone cards for State Reps)

NOTE: You must use multiple forms whenever you have more than one Payee or Committee. Please indicate the Committee Number and Name below. Then, circle the Expense Account Number/s above and indicate the amount for each separate account on the corresponding line. If you are submitting a bill for a committee that you are NOT the chairman of, you MUST submit a copy of this form for his/her signature.

Committee Name: _____

Chairman's Signature: _____

Phone: _____ Total for Payment \$ _____

Make Payable To: _____

Address: _____

City: _____ State: _____ Zip: _____ Date Submitted: _____

OFFICE USE ONLY
Amount \$ _____
Check # _____
Date: _____