



Expense Report

Report Date: Expense Code: Expense Period: to

Business Purpose:

Member

Name: Address Line 1:

Title: City:

E-mail Address: State/Province: Postal Code:
OR

Treasurer

Name: E-mail Address:
Sandy Goodsell sandyg@bendcable.com

Itemized Expenses

Date	Description	Category	Cost (\$)
Subtotal			0.00

Notes:

***Please Attach Receipts**

Signatures

Sign and print your name.

Member

By signing, I certify that to the best of my knowledge the information I provided is accurate and true.

Treasurer

Date

Date