Cedar Rapids AACA Expense Report

Date _____

Check Made Payable To:

Name _____

Street _____

City _____

State _____ **Zip Code** _____

Phone ( ) _____

Date	Expense Description	Purpose of Expense	Total
			$
			$
			$
			$
			$
			$
			$
			$
		Total Due	**$**

Signature _____ **Date** _____

***** RECEIPTS MUST BE ATTACHED TO EXPENSE FORM *****

⇩ OFFICAL USE ONLY ⇩

Check No. _____ **Date** _____

Treasurer's Signature _____