

ATLANTIC CENTRAL DISTRICT OPTIMIST INTERNATIONAL

2401 Andrew Court Sinking Spring PA 19608

guy@templinfamily.org (484) 256-5596 - FAX (610) 670-3125

EXPENSE STATEMENT

Please Print or Type

<input type="checkbox"/> Governor		Date Filed _____
<input type="checkbox"/> Lt. Governor/Assit Gov	Name _____	Period Covered _____
<input type="checkbox"/> Committee Chair	Address _____	City/State/Prov _____
<input type="checkbox"/> Dist. Sec/Treas.	Purpose and City _____	
<input type="checkbox"/> Other		

Day of Week	Totals					
Date						
City						
1.	\$ -					
2. Miles @ .30 per mile	\$ -					
3. Tolls	\$ -					
4.	\$ -					
5.	\$ -					
6. Parking	\$ -					
7.	\$ -					
8.	\$ -					
9. Postage	\$ -					
10. Telephone	\$ -					
11.	\$ -					
12.	\$ -					
13. Other (Describe):	\$ -					
14. Per Diem	\$ -					
15.						
16.	\$ -					
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Less: Deductions	Explanation:
Cash Advance _____	_____
Credit Card Charges _____	_____
Direct Bill to Company _____	_____
Other _____	_____
Total Deductions \$ _____	_____
Amt. Due - Employee _____	
Amt. Due - Company _____	
Signature: _____	Date: _____
Title: _____	
Approved By: _____	Date: _____

For Treasurers Use

Account No.	Amount
	\$ -
	\$ -
TOTAL	\$ -