



9071 16 1/2 Ave
Lemoore, CA 93245

559.925.1630
KingsSPCA.org

EXPENSE FORM

Receipt **must** be attached to this form. Only **one** transaction per form.

Date of Transaction: _____ Amount: _____

Paid to: _____

Transaction Made By (*Print & Sign*): _____

Payment Method: (*Circle One*)

SPCA Check Number: _____

President's Bank Card

Vice President's Bank Card

SPCA Cash

SPCA Other: _____

Personal Card (Reimburse Req'd)

Purchase Authorized by: (*Circle One*)

S.O.P. (Vet Visits, etc)

Board of Directors

President

Vice President

Operations Manager

Transaction for/Notes:

For Admin Use Only

Purchase: APPROVED NOT APPROVED

Entered into QuickBooks

No Reimbursement Required

Reimbursement Issued (Check _____)

If not approved, notify President of transaction.