

EXPENSE FORM



LEONARDO DaVINCI LODGE 2992

PLEASE COMPLETE THE FORM, ATTACH ORIGINAL RECEIPT(S), AND SUBMIT IT TO THE FINANCIAL SECRETARY FOR REIMBURSEMENT OF AN APPROVED EXPENSE.

DATE: _____

NAME: _____

Signature

| ITEMS | NO. | INDIVIDUAL COST | TOTAL |
|--|-----|-----------------|-------|
| BEVERAGES (ice, water, soda, coffee, milk, etc.) | | | |
| FOOD PRODUCTS (meats, breads, salad, desserts, etc.) | | | |
| PAPER PRODUCTS (cups, dishes, napkins, cutlery, etc.) | | | |
| DECORATIONS (table cloths, candles, prizes, etc.) | | | |
| HEALTH AND WELFARE (plants, greeting cards, postage, etc.) | | | |
| POSTAGE STAMPS | | | |
| OFFICE SUPPLIES (print cartridge, paper, etc.) | | | |
| PRINTING SERVICES (business & membership cards, pamphlets, promotional materials, notes cards, etc.) | | | |
| OTHER | | | |
| | | | |

Amount Due