



## SDCW Account EXPENSE FORM

Name of Person/Club Being Reimbursed: \_\_\_\_\_

Expense Description: \_\_\_\_\_ Date: \_\_\_\_\_

**Program/Project Expense Category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Christmas Tree         | <input type="checkbox"/> Officer Expense |
| <input type="checkbox"/> Cookbooks              | <input type="checkbox"/> President       |
| <input type="checkbox"/> Delegate Reimbursement | <input type="checkbox"/> Vice President  |
| <input type="checkbox"/> Gifts                  | <input type="checkbox"/> Treasurer       |
| <input type="checkbox"/> Meeting Expense        | <input type="checkbox"/> Secretary       |
| <input type="checkbox"/> Membership Promotion   | <input type="checkbox"/> Supplies        |
| <input type="checkbox"/> Newsletter             | <input type="checkbox"/> Other _____.    |
| <input type="checkbox"/> Postage                |  |
| <input type="checkbox"/> Printing               |  |

**Justification – (Description of Expense):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expenses:**

- |                    |    |       |
|--------------------|----|-------|
| • Mileage \$ .24 * | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| • _____            | \$ | _____ |
| ○ TOTAL EXPENSE    | \$ | _____ |

Project Hours: \_\_\_\_\_ Number of Workers/Volunteers: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_