

EXPENSE REPORT

Name: _____ **Position:** _____ **Date:** _____

Item #1 _____ \$ _____

Item #2: _____ \$ _____

Item #3: _____ \$ _____

Item #4: _____ \$ _____

Item #5: _____ \$ _____

Total Expenses \$ _____

 Less Advance from Intergroup \$ _____

 Total amount owed to Intergroup \$ _____

Total amount due from Intergroup \$ _____

****** NO REIMBURSEMENTS WILL BE GIVEN WITHOUT RECEIPTS ******

Check #: _____ Acct. &/or Budget Item: _____