

TCA CONVENTION EXPENSE REPORT

DATE: _____

PLEASE PRINT!!!

SUBMITTED BY: _____

EXPENSE ITEMS:

Attach receipts for all expenses listed. Only approved/budgeted expenses will be reimbursed.

Please submit a separate report for each check needed.

List specific items purchased or other expense and purpose. (If additional space is needed, attach a second form.) If payment is due by a specific date, please state date: _____

ITEM(S)	COST
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL EXPENSE \$ _____

MAKE CHECK PAYABLE TO: NAME _____

ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

Submit form and receipts to Convention Treasurer for payment.

SIGNATURE _____

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Treasurer's use only!

PAID BY CHECK # \_\_\_\_\_ DATE \_\_\_\_\_