

## MARIETTA AREA SERVICE COMMITTEE EXPENSE FORM

NAME:	POSITION:
FROM DATE:	TO DATE:

### EXPENSE DETAILS

DATE	EXPENSES	DESCRIPTION	AMOUNT	RECEIPT(S)
	PRINTING COST			YES NO
	POSTAGE			YES NO
	SUPPLIES			YES NO
	TRAVEL (\$0.45 A MILE)			YES NO
	OTHER			YES NO
	OTHER			YES NO

**All expenses require a receipt.**

### ADVANCE DETAILS

ADVANCE AMOUNT:	FOR PERIOD:
REASON:	
CHECK #:	REPAID/RECEIPT PROVIDED:

### PAYMENT TOTALS

TOTAL EXPENSE(S):
PREVIOUSLY ADVANCED:
PAYMENT DUE FROM EXPENSE(S):
REPAYMENT DUE TO AREA:

### TREASURER'S NOTES

DATE:	CHECK #:
NOTES:	