SDC EXPENSE REPORT

Name: _____

Address: _____

_____

Provide at least one:

Phone _____

e-mail _____

Reason for Expense _____

Please send with receipts attached to: Jane Stinson, 5800 Stanley Road, Columbiaville, MI 48421

Date	Type	Description of expense	Receipt Yes ✓	$ Amount
			Total	-

Expenses other than printing, copying, postage, supplies & newsletter awards will need prior approval from the SDC President.

Signature of Requester _____ Date _____

Signature of Approver _____ Date _____