**GKCPTP Page \_\_\_\_\_ of \_\_\_\_\_\_**

**EXPENSE REPORT**

**DATE(s) OF OCCURRENCE:**

**DATE TO TREASURER:**

***GREATER KANSAS CITY CHAPTER***

**YOUR NAME: EVENT/PROJECT/REASON:**

**PERSONAL REIMBURSEMENTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDIVIDUAL REIMBURSED** | **EXPENSES PAID BY:**  **(***Please Indicate)* | **VENDOR & EXPENSE**  **DESCRIPTION(S):** | **$ AMOUNT(S)** | **BILLS and PAYMENT RECEIPTS ATTACHED**  **YES NO** |
|  | PERSONAL CHECK \_\_\_\_\_  PERSONAL CARD \_\_\_\_\_  CASH \_\_\_\_\_ |  |  |  |
|  |  | **REIMBURSABLE TOTAL:** |  |  |

**ATTACH ALL BILLS AND PAYMENT RECEIPTS!**

Payment Receipts include: copies of personal checks, credit card receipts or credit card statements.

*(For security, you may block out all but the last four digits of the checking or credit card account number)*

**EXPENSES PAID BY CHAPTER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES PAID BY:** | **VENDOR & EXPENSE DESCRIPTIONS** | **$ AMOUNT(S)** | **BILLS**  **ATTACHED**  **YES NO** |
| CHAPTER CARD \_\_\_\_\_\_\_  CHAPTER CHECK \_\_\_\_\_\_ |  |  |  |
|  | **TOTAL:** |  |  |

**ATTACH ALL BILLS!**

CHAPTER CHECK PAYBLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER CHECK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND ADDRESS TO SEND CHECK:

SIGNED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_