



International
GREATER KANSAS CITY CHAPTER

GKCPTP

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EXPENSE REPORT

DATE(S) OF OCCURRENCE:

DATE TO TREASURER:

YOUR NAME:

EVENT/PROJECT/REASON:

PERSONAL REIMBURSEMENTS:

INDIVIDUAL REIMBURSED	EXPENSES PAID BY: <i>(Please Indicate)</i>	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: _____