Service to Achieve Growth and Empower

Expense Report/ Reimbursement

Name: _____ **Date: _____**

Date	Participant	Activity/ Event	Total	Balance
			Total	$ 0

*EXPLANATION OF MISC:

Receipt #_____

Receipt #_____

Receipt #_____

Receipt #_____

Process through Payroll: YES ☐ NO ☐

Staff Signature:_____ **Date: _____**