NAME: _____

POSITION: _____

Event / Committee:
(*AS APPLICABLE*) _____

Vendor	Purpose	Amount	Receipt attached
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
			yes / no
		Total costs:	**$0.00**

*Submitted by*_____ *on* _____, *20*_____

Paid on _____, *20*_____ *CHEQUE #* _____

revised Nov25/19