

25th Annual Veterans' Holiday Celebration VHC 2017 Expense Form



TEAM NAME:				
Item	Description	Quantity	Cost per Unit	Total
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12				\$ -
13				
14				
Check to be made out to:			Total Expenses	\$ -
Name:				
Address:			Amount Requested	\$ -
City, ST, Zip:				
				Date
				/ /
Prepared by:				/ /
Approved:				/ /

Instructions for Use: Please number receipts and match to corresponding number on form.
Please complete form and obtain approval from the Event Manager.
Fax form with all receipts to Gary Weiss at (805) 435-2576.