CASCADE SPORTS CAR CLUB

Expense Report

Do Not write in this space

Board Approved
Date Paid
Check #

Name _____

Street _____

City _____ State _____ Zip _____

Was Money advanced for this expenditure?	Y/N	Date	Check#	Amount advanced

Expense Item	Expense Category	Amount	+/- Balance

Attach all receipts to this form and submit to:

Reimbursement requested: _____

Bob Peters
9995 Sunnyview Rd NE
Salem, OR 97317
393bpeters@gmail.com

Expenditure advance balance: _____

Signature _____ Date: _____