

# CASCADE SPORTS CAR CLUB

OR

## CSCC CHARITY FUND



### Expense Report

Name						Board Approval
Street						Date Paid
City		State		Zip		Check #

	Y/N	Date	Check#	Amount Advanced	
Expense Item					+/- Balance
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

Attach all receipts to this form and submit to:				
			Reimbursement requested:	0
Bob Peters				
9995 Sunnyview Rd NE			Expeniture advance balance:	
Salem, OR 97317				
<a href="mailto:393bpeters@gmail.com">393bpeters@gmail.com</a>				
Signature:				Date: