

MAYFIELD WOMEN'S CLUB EXPENSE SHEET

Name of submitter: _____

Make check payable to: _____

Deduct from which budget: _____

Date: _____ Tax exempt number used: Yes _____ No _____

Please list your expenses and the total in the column below.

Description of expenses:

List of Costs:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL
\$ _____

Attach the receipts to the back of this sheet.

Submit in an envelope to Audrey Schmidt, Treasurer

For Treasurer Use Only:	Check Date _____
Date Submitted _____	Check Number _____

