

**Purpose of expense(s):** 

Item

Date

## **USPSA**

## Expense Report

Amount

Please fill out this form <u>on your computer</u>, then <u>print</u> to mail or email to the treasurer. If you entertained guests of USPSA, please provide additional information in the table below. **Form must be signed and all receipts must be included before funds can be reimbursed.** 

Notes

Type

lake check out t	o:		Subtotal	Subtotal	
			Less cash adv	anced	
			Total owed		
13:4: 1 3		J C	/44		
iaitional docur	nentation require	a for meals/	entertainment:		
ate Perso	ons(s) Entertained	Title	<b>Business Purpos</b>	e Name of Place	e Amount
·				Subtotal	
bmitted By:	aber Signature		_ On Date:		
Went	iver signature				
pproved By:  Coach/Supervisor Signature			On Date:		
Coad	ch/Supervisor Signature				
		Sena com	pleted form to:		
USPSA Treas	surer • 1549 Spru	ce Court • C	armel , IN 46033 • tr	reasurer@powersoc	cerusa.net
Date paid:			_Check #:		
Date para					