

Blue Shadows Mounted Drill Team

Expense Report / Check or Transfer Request

Date of Submission: _____

Troop: _____

Commanding Officer: _____

Contact person (check one)

Officer in charge of Finances: _____



Contact person's contact info (if different from last month): Email: _____

Phone number: _____

FULL NAME TO GO ON CHECK: _____				
MAILING ADDRESS (if requesting check be mailed): _____				

or ALTERNATE INSTRUCTIONS (i.e. "please give check to..." or "Transfer from Troop __ to Post"):				

	DESCRIPTION OF EXPENSE(S)	PAY FROM ACCOUNT (Troop, Post, Reg, etc.?)	RECEIPT ATTACHED Y/N?	AMOUNT
1				
2				
3				
4				
			TOTAL	

***For any Expenses for which you do not have a receipt, please state why there is no receipt and please provide the name and address of the vendor or person the item or service was purchased from.

[Treasurer comments: Date Paid: _____ Date Mailed/Delivered/Transferred: _____ Check #: _____]

FULL NAME TO GO ON CHECK: _____				
MAILING ADDRESS (if requesting check be mailed): _____				

or ALTERNATE INSTRUCTIONS (i.e. "please give check to..." or "Transfer from Troop __ to Post"):				

	DESCRIPTION OF EXPENSE(S)	PAY FROM ACCOUNT (Troop, Post, Reg, etc.?)	RECEIPT ATTACHED Y/N?	AMOUNT
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[Treasurer comments: Date Paid: _____ Date Mailed/Delivered/Transferred: _____ Check #: _____]