

District 15 AFG, Inc.

OFFICE EXPENSE REPORT

NAME: _____ **Date** _____

ADDRESS: _____ **Title** _____

CITY ZIP _____ **Committee** _____

Date	Summary of Items	Account #	Amount
	Travel		
	Telephone		
	Printing & Publishing		
	Postage & Shipping		
	Facilities Rental		
	Equipment Rental		
	Accounting Services		
	Insurance		
	Supplies		
	Other (please specify)		
		Total Expenses	
		Cash Advanced	
		Balance Due	

Signature of Person Requesting Funds

RECEIPTS ARE REQUIRED

Enter all expenses on the form on the line across from the type of expense. Attach receipts to the back of this form. If there are any questions, please call Sally W 510-914-1280.

MAIL TO:

**District 15 Treasurer
District 15 AFG, Suite 4 -5
17259 Hesperian Blvd
San Lorenzo, CA 94580**

Paid Date _____
Check # _____
Initials _____

THIS SECTION FOR TREASURER'S USE ONLY