

Scandinavian Society of Cincinnati

Expense Report

Member Name:

Authorization

Expense Period	
From:	<input type="text"/>
To:	<input type="text"/>

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL	\$	-
Less Cash Advance		<input type="text"/>
TOTAL REIMBURSEMENT	\$	-

Don't forget to attach receipts!

Member Signature _____ Date _____

Approval Signature _____ Date _____