HISTORICAL SOCIETY OF DAYTON VALLEY

EXPENSE REPORT

PROJECT, EVENT OR PURPOSE: _____

EXPENSE INCURRED DATE (mm/dd/yyyy): _____

PAYEE NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

ITEM DESCRIPTION	QTY	$	TAX	TOTAL

TOTAL REQUESTED: _____

REQUESTOR: _____ APPROVED: _____

DATE SUBMITTED: _____