

Washington State Autumn Leaf Festival Association Expense Form

Name: _____
 Position: _____
 Email / Phone Number: _____

Date Submitted: _____
 Start Date: _____
 End Date: _____

	Date Incurred	Vendor (Location where purchase was made)	Reason for Purchase	Budget Line Item (if not sure, leave blank)	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					\$ -

Following is Office Use Only

 President's Signature of Approval

 Date

 Amount Reimbursed
 (if different from the total)

 Treasurer's Signature of Approval

 Date

Process for Approval:
 Attach copies of all receipts of purchase or service.
 Submit form to the Treasurer for review and approval.
 Treasurer will submit to President for review / approval.

Two signatures are required for reimbursement.

For Admin Purposes Only.	
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