

The Triangle Finnish Association Expense Report

Date: _____
 Name: _____
 Street: _____
 City: _____
 ZIP Code: _____
 Phone Number: _____
 e-mail Address: _____

Receipt #	Date	Vendor	Description	Event	Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
				Total	

Signature of requester: _____

Reimbursement requires treasurer's or board member's authorization.

Treasurer: _____

Treasurer's Signature: _____

Board Member's Name: _____

Board Member's Signature: _____

Please attach receipts and submit to:

Mervi Fantasia
 TFA Treasurer
 1421 Abbotsford Way
 Cary, NC 27519

mervi.fantasia@gmail.com
 (508) 930 6816