

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	\$0.00

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:

Tarja Heikkilä

TFA Treasurer

5149 Barbee Chapel Road

Chapel Hill, NC 27517

tarja.ai.heikkila@gmail.com

(919) 523 0550