For Office Use Only

American Shetland Sheepdog Association

Expense Report

PURPOSE: **Reimbursement-Please attach receipts**

Date:

From

To

Committee Name_____

NAME:

ADDRESS:

City State, Zip Code:

These colums are left blank for you to fill in the items

Date	Account	Description	Envelopes	Postage	Paper				Misc.	Total
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	$ -
									Advances	
									Total	$ -

PLEASE SIGN:

APPROVED:

NOTES: