

NEW YORK DISTRICT KEY CLUB EXPENSE REPORT

Name: _____ Date: _____

Position: _____ Division: _____

Mailing Address: _____

Expenses: Provide an explanation of purpose.

	Division	District	Purpose
Supplies	_____	_____	_____
Postage	_____	_____	_____
Photocopies	_____	_____	_____
Telephone	_____	_____	_____
Misc.	_____	_____	_____
Total	_____	_____	_____

Signature: _____

Do Not Write Below This Line

Date Received: _____ Approved for Payment: _____

Date Paid _____ Check No. _____

Budget Lines: _____

Send original to Mr. Farrell at **P.O. Box 237, Eastport, NY 11941**
Send a copy to Mr. Lowenberg

****YOU MUST ATTACH ALL RECEIPTS TO THIS EXPENSE REPORT****

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Position: _____ Division: _____

Mailing Address: _____

Expenses: Provide an explanation of purpose.

	Division	District	Purpose
Supplies	_____	_____	_____
Postage	_____	_____	_____
Mileage	_____ miles @ \$0.30 per mile = \$_____		
Tolls:	\$_____		
Total	\$_____		

Signature: _____

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