



## Expense Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_

Item#	Item category and description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
	<b>TOTAL</b>	

Categories: Auxiliary refund, Agape room supplies, books, candles, groceries, kitchen supplies, photography, postage, printing, snacks, walk supplies, team training, food refund, office supplies.

Please attach receipts to this form and mail to the Board Treasurer:

Lisa Lagalo  
 920 W. Walnut St.  
 Saint Charles, MI 48655-1261

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**Do Not Write Below This Line**

Check # \_\_\_\_\_ Date \_\_\_\_\_  
 Reimbursed \_\_\_\_\_

