

Committee/Activity: _____

Date Submitted: _____

Date	Item/Description	Amount
		\$
		\$
		\$
		\$
		\$
	Total:	\$

- *Please include all receipts*
- *Committee members should submit all expenses through their committee chair*
- *Signature by meeting co-chair is required if expense is in excess of committee's budget, or if items are not included in the budget*

Meeting Co-Chair Signature (if required): _____

Pay to Name and Address: _____

Submit this form and all receipts to ASCLS-Minnesota Treasurer:

Tami Alpaugh
19484 Highview Ave,
Lakeville, MN 55044

talpaugh@umn.edu

(For ASCLS-Minnesota Treasurer's use only)

Date Paid: _____

Check Number: _____