

NORTHERN CALIFORNIA WHIPPET FANCIERS ASSOCIATION, INC.

EXPENSE REPORT

DATE SUBMITTED _____

NAME _____

ADDRESS _____

TELEPHONE (HM) _____ (WK) _____

FAX _____ E-MAIL _____

Date expense incurred	Description	Vendor	Cost	How paid?	Receipt included?	Club Committee
Total Amount:						

Are these expenses for a specific event? If so, please fill in the following:

EVENT DESCRIPTION _____ DATE _____

COMMENTS (AS NECESSARY) _____

SIGNATURE _____

For club use only: <i>Date Received</i> _____ <i>Expenses Approved?</i> _____ <i>Amount Reimbursed</i> _____ <i>Date Reimbursed</i> _____

Please submit to: Delia Zarges
 5541 39th Avenue, Sacramento, CA 95824
 (916) 531-5045
 dzarges@sbcglobal.net