

PAPA

EXPENSE RECORD FORM

Leigh High School

Date:

Type of Record:

Expense Category	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total

Reimbursement/Check Payable To: Record of Debit Card Use (Board use only)

Name:	Vendor/Company:
Address:	Amount:
	Date:
Phone:	Name on Card:

Detail Expenditure Below and Attach Supporting Documentation/Receipts

Approvals	Signatures:	Date:
Committee Chair/VP/President		
Treasurer		

1099 Required

CHECK NUMBER:
CHECK DATE: