

POINT PLACE BUSINESS ASSOCIATION

EXPENSE REPORTING FORM

*****ALL INFORMATION IN THIS SECTION IS REQUIRED*****

Last Name: _____ First Name: _____

Committee: _____ Project: _____

Description of expense _____

Requestor Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

(Officer/Committee chair if not submitted by one of them)

*******Treasurer Use Only*******

Date Paid _____

Check # _____

Please attach invoices/receipts with this form when submitted to Treasurer