

Point Place Business Association Community Foundation Expense Reporting Form

** Required Information**

*Last Name: _____ *First Name: _____

*Committee: _____ *Project: _____

*Description of the expense(s):

*Requestor's Signature: _____ Date: ____/____/____

Authorized Signature: _____ Date: ____/____/____

(President, Treasurer or Committee Chairperson)

Treasurer's Use Only

Check # _____ Check Amount: \$ _____ Check Date: ____/____/____

Attach all invoices and receipts to this form.