



California Watercolor Association

Expense Report

Date:

Your Name:

Street Address:

City, State & Zip:

Your Area Code & Telephone Number: ()

Total Amount of Expense(s): \$

Expense Detail(s)

Committee(s) to be charged:	Nature of expense:	Amount:
		\$
		\$
		\$
		\$
	(Continue on other side if necessary)	
	Total Amount of Expense(s):	\$

Check Payable to:

Mailing Street Address:

City, State & Zip:

Area Code & Telephone Number: ()

Comments:

All receipts or supporting documentation must be furnished for any & all expense(s) to be paid. Please staple your receipts and/or documentation to this form and return to:

Marilyn Miller
24 Via Barcelona
Moraga, CA 94556

moraga2@pacbell.net

Treasurer's Use:

Check Number:

Amount Issued:

Date Issued:

Comments:

Please copy and use this form for all requests for checks. Thanks