

Pacific Association USATF

120 Ponderosa Ct.
 Folsom, CA 95630
 ph: 916-983-4715 fax:916-983-4624

EXPENSE STATEMENT

Name: _____ Phone: _____ Reason for Expense: _____
 Address: _____ SSN: _____ Comm./Acct. to Charge: _____
 City, State, Zip: _____ Date: _____ Committee Chair: _____

I declare that the following expenses are correct and verifiable. Signed: _____

| Date | Description | Accom | Transport | Fuel | Meals | Phone | Entertain | Other | TOTAL |
|-------------------|-------------|-------|-----------|------|-------|-------|-----------|--------------------|-------|
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| Column Sub Total: | | | | | | | | | |
| | | | | | | | | Subtract Advances: | |
| | | | | | | | | Total Due: | |

Approved by: _____
 Date: _____
 Payment Date: _____
 Check Number: _____

Attach the original receipt , *not the credit card receipt*, for each item listed.
 Payment will be mailed to the address on this request. Please print clearly.