

CSDSA EXPENSE REPORT

Name _____ Phone _____

Address _____ Zip _____

Email Address _____

Description of item for reimbursement _____

CATEGORY OF EXPENSE

\$ _____ Advertising \$ _____ Buddy Walk \$ _____ Conferences

\$ _____ Gifts \$ _____ Newsletter \$ _____ Overhead

\$ _____ Social \$ _____ Teen Group \$ _____ Training

\$ _____ Website

\$ _____ Other, please explain _____

Total request for reimbursement

\$ _____

(remember to attach all receipts)

Office Use Only:	
Approval _____	Date _____
Date mailed _____	Check# _____

