



# USPSA

## Expense Report

Please fill out this form on your computer, then print to mail or email to the treasurer. If you entertained guests of USPSA, please provide additional information in the table below. **Form must be signed and all receipts must be included before funds can be reimbursed.**

**Purpose of expense(s):** \_\_\_\_\_

Date	Item	Type	Notes	Amount
<b>Make check out to:</b> _____			Subtotal	
_____			Less cash advanced	
_____			Total owed	

**Additional documentation required for meals/entertainment:**

Date	Persons(s) Entertained	Title	Business Purpose	Name of Place	Amount
				Subtotal	

**Submitted By:** \_\_\_\_\_  
*Member Signature*

**On Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
*Coach/Supervisor Signature*

**On Date:** \_\_\_\_\_

**Send completed form to:**

USPSA Treasurer • Jim Labas, 8811 Amber Rd, Ft. Wayne, IN 46814

**Date paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_