



# DeKeyser PTCG

Name : \_\_\_\_\_ Event Expense is for : \_\_\_\_\_ Date: \_\_\_\_\_

Date	Food	Paper Products	Rented Items	Office Supplies	Craft Supplies	Misc	Misc	Total

**Totals**

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*Miscellaneous items please describe below:*

**Receipts must accompany any expense turned in for reimbursement. If a receipt is not produced the expense will not be reimbursed until receipt is produced. Any expense over \$50 must be approved by the committee and if it is not it will not be reimbursed until it is.**

Signature : \_\_\_\_\_

Received: \_\_\_\_\_

Date: \_\_\_\_\_

Paid with check # \_\_\_\_\_ Amt Paid \_\_\_\_\_