



EXPENSE REPORT

This form is to be completed and forwarded (email is acceptable) to the appropriate person(s) for approvals for all expenses for which you expect to be reimbursed. Submit completed form to the Treasurer ISM Finger Lakes, Inc.

COMMITTEE NAME:

DATE:

PROPOSED EXPENSE (DOLLARS):

PURPOSE OF EXPENSE:

DATE OF EXPENSE:

NAME OF REQUESTOR :

APPROVED BY (President / Treasurer):

DINNER MEETINGS :

DATE:

LOCATION:

NUMBER OF PAID :

NUMBER OF COMP & REASON :

50/50 SPLIT (DOLLARS):

DINNER COST (DOLLARS):

OTHER EXPENSES :

NAME OF DINNER COMMITTEE MEMBER :