



Expense Report

Member's Name _____

South East ATV
Riders
Po Box 145
Chagrin Falls, OH
44022

Address _____

City _____ Zip Code _____

Phone Number (____) _____

Email
Rovitolee@yahoo.com

Club monthly meal (\$125.00), Club Ride: _____

Date	Description	Food	Supplies	Miscellaneous	Total
Column Totals					

Subtotal	
Less cash advance	
Total Owed	
Total due	

Club rides meal expense for members present:

1 to 19 \$50.00
20 to 39 \$100.00
40 to 60 \$150.00

Receipts MUST be attached to expense report to receive reimbursement

Member's Signature _____ Date _____

Approved by _____ Date _____

Reimbursement information for treasurer

Check No. _____ Date _____