HIGH COUNTRY NEWFOUNDLAND CLUB
HCNC

For Office Use Only

Expense Report

PAY PERIOD: From

To

INFORMATION:

Name

Event Date

Address for Payment

Event

Date	Account (Internal use only)	Description	Awards	Food/Beverage	Supplies	Rental Site	Insurance	Printing	Other - Detail description REQUIRED	Trophy	Total
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
Total			$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -

Subtotal	$ -
Cash Advances	
Total	$ -

APPROVED:

NOTES: