



### Expense Submittal – Communications

Complete this form and attach invoice or receipt(s) for payment or reimbursement. Make sure the person responsible for the budget (Committee Chair) has signed the Authorized line. Place the completed form in the Administrative Assistant’s mailbox.

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

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Account Number	Account Description	Amount
01-5311-100	Advertisement Expense	
	<b>TOTAL</b>	

Details: \_\_\_\_\_

Requester’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorization (Committee Chair or Treasurer)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_