



**GSDC OF MINNEAPOLIS AND ST. PAUL
EXPENSE REPORT**

Name: _____ **Date:** _____

Address: _____

Email: _____

Date	Event	Explanation of Item(s) Purchased	Amount
SIGNATURE _____		TOTAL EXPENSES	
		ADVANCES CHECK #	
		REQUESTED REIMBURSEMENT	

Check should be made payable to:

Name: _____

Address: _____

Bills should always be submitted for payment immediately upon receipt and approval. All expenses must be submitted within 90 days of the date that they were incurred. Anyone requesting reimbursement beyond the 90 day period must personally appear before the board or general membership to get the approval for payment of invoices received outside the 90 day window.

For Office Use Only

Payment Made:

Check #:

If submitting this form digital via email, please scan and attach all receipts.
 Mail request to: **Jeff Granrud 14289 Arbor Blvd., Becker, MN 55308**
 Email: treasurer@gsdcmstp.org