



**GSDC Of Minneapolis and St. Paul
Expense Report**

Note: Receipts or supporting documentation for items must be attached to this form.

Name: _____

Date: _____

Address: _____

Email: _____

City: _____

State: _____ **Zip:** _____

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 day of the date 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 of the 90 day window.

For Office Use Only

Payment Made:

Check #:

Mail request to: Carol Ouhl, 8696 Hadley Avenue S, Cottage Grove MN, 55016

If submitting this form digital via email, please scan and attach all receipts.