



# Handbell Musicians O F A M E R I C A

Area 4

Florida, Georgia, South Carolina, Puerto Rico, the Bahamas and Virgin Islands

## **A4 Credit Card Expense Report** Date: \_\_\_\_\_

Board Member Name \_\_\_\_\_ Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Account charged:**  Board Expense  Area  State  Membership

Education  Communications  Archives  Other: \_\_\_\_\_

**Expense For:** Event: \_\_\_\_\_ Held in: \_\_\_\_\_

	Date	Amount	Vendor
<input type="checkbox"/> Meals:	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
<input type="checkbox"/> Transportation:	_____	\$ _____	Gas _____
	_____	\$ _____	Air Fare _____
	_____	\$ _____	Parking _____
<input type="checkbox"/> Lodging:	_____	\$ _____	_____
<input type="checkbox"/> Fees	_____	\$ _____	Type _____
<input type="checkbox"/> Off. Supplies	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
<input type="checkbox"/> Misc.	_____	\$ _____	_____
<b>TOTAL:</b>		<b>\$ _____</b>	

Approved by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt(s) ***must*** be attached. ***Please make copies of all receipts for your records.***