

# DELAWARE GENERAL SERVICE ASSEMBLY

## EXPENSE REPORT

Report submitted by: \_\_\_\_\_

Office position: \_\_\_\_\_

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

Telephone # or Email address: \_\_\_\_\_  
 \_\_\_\_\_

Expense Check to: \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

This section completed by Area Treasurer

| DATE              | EXPENSE DESCRIPTION<br>(Memo) | Category<br>Expense<br>Charged<br>against<br>who's<br>Budget | Itemized<br>cost | Total<br>Expense<br>Amount |
|-------------------|-------------------------------|--|------------------|----------------------------|
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
|                   |                               |  |                  |                            |
| <b>TOTAL DUE:</b> |                               |  | \$               |                            |

I certify that this report accurately reflects the expenses incurred by me as a representative of Area 12/Delaware Area Service Assembly.

Signature \_\_\_\_\_ Date \_\_\_\_\_