



SI of Davis
P.O. Box 472
Davis CA 95617

PAYABLE TO: _____

ADDRESS: _____

CITY & ZIP: _____

Service Fund Expense General Fund Expense Amount: _____

Budgeted?: Yes No Don't Know Line Item? _____

Describe Activity (Monte Carlo, Scholarship, etc.) _____ Date _____

Additional Support Information (conference, meeting, supplies, service provided, etc.) _____

PLEASE ATTACH RECEIPTS &/OR INVOICES

Please reimburse me for these expenses. The Vendor will send statement. Receipt attached.

I would like to donate _____ of these expenses to the club. Reimburse me for _____

I would like to donate the entire amount to the club, so do not reimburse me.

Prepared by: _____ Date _____
Signature of Member

.....

For Treasurer's Use Only

If not a budgeted expense: Did the board recommend? Yes No Date _____ Amount _____

Did the Club Approve? Yes No Date _____ Amount _____

Date: _____ Check #: _____ Amount: _____

Prepared by: _____ Date Issued _____ Date Posted: _____
Signature of Treasurer