

CITY COMMITTEE EXPENDITURE FORM

Form needs to be submitted to Accounting by 8:00 a.m. Wednesday for inclusion in Thursday check run.

COMMITTEE NAME:

REQUEST DATE:

PAYEE NAME:

ADDRESS:

PHONE:

ATTACH INVOICE OR RECEIPTS FOR THE FOLLOWING:

PROJECT NAME		AMOUNT	DESCRIPTION
Grand Total of all Charges \$			_____

COUNCIL LIAISON APPROVAL:

DATE:

TO BE COMPLETED BY ACCOUNTING:

GL#	AC#	AMOUNT	DESCRIPTION
Grand Total of all Charges \$			_____

CITY STAFF APPROVAL:

DATE:
