

Chisholm Trail Chorus
 Sweet Adelines International
 Statement of Expenses



ATTACH A COPY OF ALL INVOICES AND RECEIPTS

Make Check Payable to: _____

DATE OF EXPENSE (MM/DD/YYYY)	DESCRIPTION OF EXPENSE	EXPENSE CHARGED TO (NAME OF CHORUS COMMITTEE)	AMOUNT
TOTAL:			

Submitted by: _____

Chorus Member Title: _____

Date: _____

APPROVED

President: _____ DATE _____

Treasurer: _____ DATE _____

PAID: _____ DATE _____
 CHECK NUMBER