

# Fundraising Event Expense Claim

Name of Claimant

Event Name

Event Date

Date of Submission

Brief Description

Expense Details

Date	Description	Vendor/Payee	Category	Amount	Receipt Attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Total Amount Claimed

Payable To

Additional Comments

Claimant's Signature

For Office Use