

Mosaic Expense Statement / Report

06-Jun-2004

Reimbursement for expenses related to Mosaic sponsored and approved activities or events, will only be made for items submitted within 30 days of the event and must include the original receipts. Disbursement will be made after the event has concluded.

Title of Event:

Date of the Event: (YY-MMM-DD)

Mosaic International Event 2004

- - - - -

SUBMITTED by: Board Person or Committee Chair (if applicable):

NOTE: List all items separately and include all original receipts.

MOCA-EXP- .xls

#	Date of Expense	Description (Vendor or Provider and Purpose)	Expense Incurred (\$)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

TOTAL EXPENSES SUBMITTED:

APPROVED BY:

Event Chair:

Date:

Mosaic President:

Date:

Mosaic Treasurer:

Date:

Full Name of Member requesting reimbursement:

Address:

Phone:

E-mail:

Turn this form into the Event Chair Person for approval.

Mail this form to:

MOCA, PO Box 220626, West Palm Beach, FL 33422-0626

The Event Chair will forward it to the Mosaic Treasurer.

Comments / Notes /
See Attachments :

For Office Use Only

MOCA-EXP- - - - -

Date reimbursement sent:

Disbursement Form:

(Cash) (Check) (Credit)

Carrier Type:

(Mail) (Hand) (Wire-Electronic)