

# DISTRICT 6 AFG EXPENSE REPORT

**DATE SUBMITTED:**

**YOUR NAME:**

**TELEPHONE NUMBER:**

**E-MAIL ADDRESS:**

**LIST EXPENSES:**

**PURCHASE DATE AND AMOUNT**

(Please attach your receipts. Thank you.)

**TOTAL AMOUNT OWED:** \_\_\_\_\_

**DATE PAID BY TREASURER:**

**CHECK NUMBER:**

**AMOUNT PAID:**

**CATEGORY FOR BUDGET:**