

**4-H Adult Advisors Council Inc.
Expense Report**

COMMITTEE/PURPOSE: _____

SUBMITTED BY: _____ **DATE:** _____

ITEMIZED AMOUNTS

Description	Amount
Total:	

Make check payable to: _____
If different than submitted by

Address: _____

Phone: _____

For Office Use Only:

Check issued to: _____
Check# _____ Budget Year: _____