



California Watercolor Association

Expense Report and Check Request

Date:

Your Name:

Street Address:

City, State & Zip:

Your Area Code & Telephone Number: ()

Total Amount of Expense(s): \$

Expense Detail(s)

| Committee(s) to be charged: | Nature of expense: | Amount: |
|-----------------------------|---------------------------------------|---------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | (Continue on other side if necessary) | |
| | Total Amount of Expense(s): | \$ |

Check Payable to:

Mailing Street Address:

City, State & Zip:

Area Code & Telephone Number: ()

Comments:

All receipts or supporting documentation must be furnished for any & all expense(s) to be paid. Please do not request a check until the total of receipts for expenses is at least \$15. Please staple your receipts and/or documentation to this form and return to the CWA Director responsible for this expense. Your Director will submit this request to the Budget Director and if that Board seat is empty, to the CWA Accountant. Please see the "about us" page of www.californiawatercolor.org for the list of board members.

Treasurer's Use:

Check Number:

Amount Issued:

Date Issued:

Comments: