



EXPENSE REPORT

NAME: _____ TITLE: _____

REPORTING PERIOD FROM: _____ TO: _____

CATEGORY	DATE	PAID TO	EXPENSE	CATEGORY TOTAL	
TRAVEL			\$	\$	
SUPPLIES			\$	\$	
POSTAGE			\$	\$	
OTHER			\$	\$	

TOTAL PAYABLE AMOUNT \$ _____

I certify that the above expenses were incurred by myself on behalf of the AVA. All receipts for these items listed are attached. I request reimbursement _____ OR I am donating these expenses _____.

Signature _____ Date _____

Approval _____ Date _____

American Volkssport Association
1001 Pat Booker, Suite 101, Universal City, TX 78148