

MADERA COUNTY 4-H LEADERS COUNCIL EXPENSE FORM

ACTIVITY _____

DATE EXPENSES SUBMITTED _____

COUNCIL BUDGET _____

NOTE: Each individual purchaser should fill out a separate expense form

Date	Item Description	Where Purchased	Purchaser	Amount
			TOTAL	

Make Check Payable to: _____ Date: _____ Check No. _____

NOTE: Please attach any receipts. Each item must be figured to include any discount plus its own tax. Your itemized list should match the original amount at the top of the page.