

ALAC EXPENSE REPORT

Date: _____ Office/Committee: _____

Complete appropriate sections(s) - Attach receipts & additional sheets as necessary

1. PREVIOUS ADVANCE RECEIVED	\$ _____
Amount Expended	\$ _____
Amount due ALAC/Amount due Officer or Committee (circle one)	\$ _____
Expenditure Explanation	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

2. EXPENSE REIMBURSEMENT REQUESTED	
(May also be used to submit invoices for direct payment by Treasurer)	
Expenditure Explanation	Amount
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

3. ADVANCE REQUESTED	
Expenditure Explanation	Amount
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

TOTAL AMOUNT REQUESTED \$ _____

I certify that I incurred (will incur) these expenses on ALAC business.	Mail Advance/Reimbursement/Vendor expenses on payment to:
_____	_____
Signature	_____

Send **signed/completed** form to:
Marsha Susag
5302 River Drive
Fargo, ND 58102
dmsusag@msn.com