



### Expense Submittal – Ren. Faire

Complete this form and attach invoice or receipt(s) for payment or reimbursement. Make sure the person responsible for the budget (Committee Chair) has signed the Authorized line. Place the completed form in the Administrative Assistant’s mailbox.

Date: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

<b>Account Number</b>	<b>Account Description</b>	<b>Amount</b>
04-5561-660	Equipment and Storage	
04-5562-660	Permits, Insurance, Misc	
04-5563-660	Merchandise	
04-5564-660	Materials, Supplies	
04-5565-660	Food and Drink	
04-5566-660	Entertainment	
04-5567-660	Advertising	
	<b>TOTAL</b>	

Details: \_\_\_\_\_

Requester’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorization (Committee Chair)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_