

REA Expense Tracking Form

Date: _____

Requested By: _____

Phone/Email: _____

Payee Name: _____

Payee Address: _____

Amount Requested: _____

*PLEASE NOTE: Payment requires original receipts/invoice must be attached.

Description:

Account Code: _____

Approved By: _____

(to be signed by committee leader)

Committee/Event: _____