

# REA Expense Tracking Form

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

Requested By: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

\*PLEASE NOTE: Payment requires original receipts/invoice must be attached. If multiple receipts please break down by project they are for and amount.

Description:

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Approved By: \_\_\_\_\_

(to be signed by committee leader)

Committee/Event: \_\_\_\_\_