

CSCSC Expense/Reimbursement Report

Complete and submit this Expense Report form to Treasurer with receipts prior to receiving payment/reimbursement. Include receipts/documentation and enter totals at bottom of page. Only a Board Member may authorize payment.

Name: _____ Date: _____

All unbudgeted expenses over \$250 must have prior approval by a member of the BOG. As ethical stewards of the club's funds, it is our responsibility to make only necessary, approved and cost-effective purchases.

SOCIAL EXPENSES

| | |
|----------------------|-----------------|
| Event: _____ | Date: _____ |
| Food: _____ | Total: \$ _____ |
| Decorations: _____ | Total: \$ _____ |
| Party Wares: _____ | Total: \$ _____ |
| Beverages: _____ | Total: \$ _____ |
| Entertainment: _____ | Total: \$ _____ |
| Other: _____ | Total: \$ _____ |

MEMBERSHIP AND CLUB EXPENSES

| | |
|------------------------|-----------------|
| Office Supplies: _____ | Total: \$ _____ |
| Postage: _____ | Total: \$ _____ |
| Printing/Copies: _____ | Total: \$ _____ |
| Item/Service: _____ | Total: \$ _____ |
| Other: _____ | Total: \$ _____ |

BUILDING & GROUNDS EXPENSES

Opening and Annual Clean-Up: _____ Total: \$ _____

Maintenance: (circle)

| | | | | | |
|-----------------------------|----------|----------|--------------|-----------|-------------------|
| Mulch | Sand | Rock | Chairs | Umbrellas | Cleaning supplies |
| Picnic Tables | Lighting | Plumbing | Electric | Plants | Swings/Volleyball |
| Pool Area – Deck – Pavilion | | | Other: _____ | | |

Repairs: (circle)

| | | | | | |
|--------------|------------|-----------|----------|----------|----------|
| Chairs | Umbrellas | Tables | Lighting | Plumbing | Electric |
| Swings | Volleyball | Pool Area | Deck | Pavilion | |
| Other: _____ | | | | | |

Chemicals: _____ Total: \$ _____

Toiletries: _____ Total: \$ _____

Tools and Supplies: _____ Total: \$ _____

Other: _____ Total: \$ _____

Closing and Winterizing: _____ Total: \$ _____

Pool Replacements/Repairs: _____ Total: \$ _____

Cape True Value: Submit this completed form with receipt(s)/charge invoice.

Total Expense/Reimbursement: \$ _____

Board Member Signature: _____ Date: _____

Treasurer's Signature: _____ Date: _____