

**Expense Report for  
Reimbursements, Payment Requests, and In Kind Contributions**

Multnomah Monthly Meeting of Friends  
4312 SE Stark Street  
Portland, Oregon 97215

Please fill out all of the following:

Today's date: \_\_\_\_\_

Amount of expense: \$\_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Committee, account, or fund to be charged: \_\_\_\_\_

Approved by: \_\_\_\_\_ (*Committee Clerk*)

Your Name: \_\_\_\_\_

Your phone: \_\_\_\_\_

Check one:     Reimbursement         Payment Request         In Kind Contribution

For reimbursements and payment requests,

Pay to the order of: \_\_\_\_\_

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

\_\_\_\_\_

**Please attach receipts and/or invoices and submit to Treasurer**

Mail to:                      Treasurer  
                                    Multnomah Monthly Meeting of Friends  
                                    4312 SE Stark Street  
                                    Portland, Oregon 97215

or place in Treasurer's mail slot in Library

Treasurer use only			
Check # _____	Check Date _____	Amount \$ _____	Account # _____