

South Bay Area Women's Caucus for Art Expense Report Form

General Description:	
Date:	
Credit Income (select one)	
<input type="checkbox"/> Newsletter, flyers, calendars <input type="checkbox"/> Journal <input type="checkbox"/> Exhibitions <input type="checkbox"/> Programs	<input type="checkbox"/> Honorariums <input type="checkbox"/> Slide Registry <input type="checkbox"/> Membership <input type="checkbox"/> Grants <input type="checkbox"/> Miscellaneous

Date	Itemized Description of Income	Amount
	Total	

Send Reimbursement to:
Submitter's Signature:

Treasurer's Notes:		
Check No.:	Date:	Amount