

EXPENSE REPORT

Grand Lodge of Florida, O.S.I.A.

Name: _____ Title: _____

Address: _____

Date Submitted: _____ COMMITTEE: _____

CHARGE THIS EXPENSE TO: FL FOUNDATION OR GRAND LODGE(circle all that applies)

Please note: All expenses reported must be accompanied by bills or receipts stapled to report.

Please insure expenses are broken down into proper category on this sheet.

DATE	ITEM DESCRIPTION	COPIES	POSTAGE	PHONE	SUPPLIES	TRAVEL	OTHER
COLUMN TOTALS		\$	\$	\$	\$	\$	\$

SIGNATURE: _____

ATTACH INVOICES/STATEMENTS/DOCUMENTATION AND SUBMIT FOR PAYMENT TO:

State Financial Secretary
 Bill Zuppa, 3 Calle Rio, Mary Esther, Fl 32569
 Tel: 850-585-3166; Email: bill@billzuppa.com

COPIES	\$	_____
POSTAGE	\$	_____
TELEPHONE	\$	_____
OFFICE SUPPLIES	\$	_____
TRAVEL EXPENSE	\$	_____
OTHER	\$	_____
GRAND TOTAL	\$	_____