EXPENSE REPORT

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

Name: **Title:**

Address:

Date Submitted: **COMMITTEE:**

CHARGE TO: Fl Foundation or Gr Lodge (use separate sheet & atch invoice to each sheet)

PLEASE NOTE: All expenses reported must be acoompanied by bills or receipts stapled to report.

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

DATE	ITEM - DESCRIPTION	COPIES	POSTAGE	PHONE	SUPPLIES	TRAVEL	OTHER
	COLUMN TOTALS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Signature: _____

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

State Financial Secretary
Alice Russell, 2492 Lake Helen Osteen Rd,
Deltona, Fl 32738 **email: arussell13@cfl.rr.com**

COPIES	$0.00
POSTAGE	$0.00
TELEPHONE	$0.00
OFFICE SUPPLIES	$0.00
TRAVEL EXPENSE	$0.00
OTHER	$0.00
GRAND TOTAL of ABOVE	**$0.00**