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 acoompanied 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 of ABOVE	_____