EXPENSE REPORT

Name		*Officer Title*	
E-mail		*Department*	*Texas*
Purpose	*Post 164 Expenses*	*Approved by*	

Expenses	Dates	Details	Amount
		Subtotal	
		Less amount paid by Post 164	$0
		Total amount owing to Member	

Signature	Date

Please attach receipts for all listed expenses, sign the form and submit to the Post Finance Officer