



The Cambrian Foundation

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Expense Report

Member:
Event:
From:
To:

Date	Description	Transportation / Mileage	Lodging	Meals	Other	Total	
Column Totals							
						Subtotal	
						Less cash advanced	
						Total owed to you	
						Total due	

Signature: _____

Date: _____

Approved by: _____

Date: _____

Receipts must be attached to expense form.