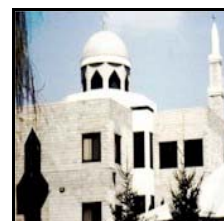




# EXPENSE REPORT

320 Fabry Terrace, P O Box 2160 , Teaneck, NJ 07666  
Phone: (201) 692-7730, Fax: (201) 692-3900



<b>NAME</b>		<b>PERIOD</b>
<b>ADDRESS</b>		FROM:  TO:
<b>BUDGET</b>		

DATE	DESCRIPTION OF ITEM OR SERVICE	AMOUNT	

**TOTAL**

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Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(President, Executive Committee)

Please identify the name of the payable: \_\_\_\_\_