

Downey Rose Float Association
Expense Reimbursement Form

Name _____

Vendor Name _____

Invoice # _____ Date _____ Amount _____

Description _____
(Please write description of item(s) purchased)

Charge to: (Place X in appropriate category)

_____ Construction _____ Decoration _____ Administration

_____ Court _____ Memorabilia _____ Membership

_____ Newsletter _____ Taxes _____ Postage

_____ Fundraiser: Description _____

_____ Other: Description _____

Please fill out one form for each category. You may attach several forms to one receipt.
Thank you.

Check # _____ Date Paid _____