



USPSA

Expense Report

Please fill out this form on your computer, then print to mail or email to the treasurer. If you entertained guests of USPSA, please provide additional information in the table below. **Form must be signed and all receipts must be included before funds can be reimbursed.**

Purpose of expense(s): _____

Date	Item	Type	Notes	Amount

Make check out to: _____

Subtotal

Less cash advanced

Total owed

Additional documentation required for meals/entertainment:

Date	Persons(s) Entertained	Title	Business Purpose	Name of Place	Amount
				Subtotal	

Submitted By: _____
Member Signature

On Date: _____

Approved By: _____
Coach/Supervisor Signature

On Date: _____

Send completed form to:

USPSA • 10974 Wintercove Way, Fishers, IN 46038

Date paid: _____ Check #: _____