DOWN SYNDROME ASSOCIATION OF TULSA
EXPENSE SUMMARY

NAME OF PERSON REPORTING		PERIOD COVERED FROM	TO
MAILING ADDRESS	**CITY, STATE & ZIP**		

DATE	DESCRIPTION OF EXPENSE INCL EVENT & OTHER INDIVIDUALS (MEALS)	Buddy Walk	Meeting Expense	Calendar	Scholarship	New Parent Packs	Other Events (Not Listed)	POSTAGE		Meals/ Entertainment	OTHER	TOTAL
								Fundraising	General			
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
TOTALS →		-	-	-	-	-	-	-	-	-	-	-

	OTHER COMMENTS	AMOUNT		SUMMARY	AMOUNT
				TOTAL EXPENSE ON THIS REPORT	-
				LESS CASH ADVANCE FOR EXPENSES	-
				BALANCE (amount eligible for reimbursement)	-

SIGNATURE OF PERSON REPORTING	DATE	SPECIAL REMARKS OR INSTRUCTIONS
REVIEWED BY		