



EXPENDITURE FORM

Please submit when NVADG Credit/Debit Card is used for payment

Your Name: _____

Payee _____ Amount \$ _____ Date _____

Check number, or last four of Debit/Credit Card _____

Reason _____

PLEASE ATTACH/INCLUDE ALL RECEIPTS

To be completed by the Executive Director/Treasurer:

Approved by _____

Category _____