



# Speaker Expense Form

Fill out the form below completely. Please attach any supporting documentation (e.g. flyers, emails) to the form and provided to the treasurer.

Date \_\_\_\_\_

Activity/Event \_\_\_\_\_

Speaker Name \_\_\_\_\_

Topic \_\_\_\_\_

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

Make check out to \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Description of Service	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Treasurer Use Only		
Check Number _____	Amount _____	Date _____
Budget Category _____		
Approved by (if no invoice) _____		