Visual Arts Club
Expense Form

RETURN TO: Bobbi Weber, 1314 Rowland Drive, 843-838-5958

Member Name______________________________

Address___________________________________________________________________________

Phone____________________________________________________________________________

Date Submitted_______________________________________________________________________

Total Amount Requested: ____________________________________________________________

Please itemize and attach receipts

Reason for Expenses:

Officers
President __________ Art Supplies (consumable) ______
Vice President __________ Art Supplies (equipment) ______
Secretary __________ Publicity ______
Treasurer __________ Hospitality ______

________ Speaker Fees ______

________ Camp Dataw ______

________ Art History ______

________ Website ______

________ DIC monthly ______

________ Gifts/Donation ______

________ Library ______

________ Special Projects ______

________ Administration Expenses ______

________ Miscellaneous(describe) ______

________________________________________

Check Payable To: ________________________________________________________________

Treasurer’s Notes
Check # __________
Date Paid ________