

**Visual Arts Club
Expense Form**

RETURN TO: Mike Allen 1043 Curisha Point North 203-583-1449

Member Name _____

Address _____

Phone _____

Date Submitted _____

Total Amount Requested: _____

Please itemize and attach receipts

Reason for Expenses:

Officers

President _____
Vice President _____
Secretary _____
Treasurer _____

Art Supplies (consumable) _____
Art Supplies (equipment) _____
Publicity _____
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 _____